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ABSTRACT

Suggestions for long-term policy development to prevent the spread of the AIDS/HIV virus through promoting healthy behaviors and strengthening school-community partnerships are offered in this report. Goals of the booklet are to provide information on AIDS education in relation to recent changes in curriculum design, materials, and research; encourage the development of school district policies that utilize a comprehensive health education approach and school-community partnership; and provide guidelines for assessment and planning. The first section summarizes recent developments in curriculum goals, criteria for evaluating educational materials, and excerpts from the Canada Youth and AIDS study. The study describes sexual behaviors among youth and discusses the rationale and benefits of a school-community partnership. The second section provides assessment and planning tools for the development of comprehensive, long-term AIDS/HIV education policies. The recommendation is made for individual community development. The third section discusses the development of a school-community partnership and offers strategies for implementation. Three tables and three figures are included. (LMI)

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AIDS/HIV EDUCATION

Developing Policies and School-Community Partnerships

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Message from the President

Dear Colleague:

The Canadian Association of School Administrators is pleased to offer this booklet as a resource to educational leaders across Canada.

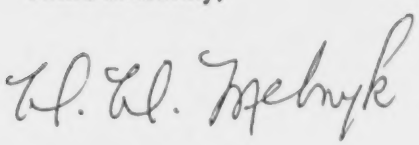
The AIDS issue continues to be of concern to all of us. We hope that the up-to-date information contained in this publication will be useful to you as you deal with the issue in your educational jurisdiction.

I am also pleased to acknowledge the cooperation of the Federal Centre for AIDS of Health and Welfare Canada. The Bureau of Education and Information Services within this federal agency has been working in partnership with several national education organizations in the effort to prevent the spread of the disease. I also wish to express thanks to Douglas McCall of Shannon & McCall Consulting Ltd., our consultant and coordinator in this project.

Any comments or suggestions regarding the format of this material would be appreciated. We are hoping to be in a position to offer similar publications in the future and would welcome feedback.

I believe that school systems across Canada have responded remarkably quickly and well in responding to the crisis over AIDS. If this information helps you in integrating this issue within the broader context of health and human development, then this effort will have been worthwhile.

Yours sincerely,



W. W. Melnyk,
President,
Canadian Association of School Administrators.

1. INTRODUCTION

This booklet has been prepared to assist school district administrators in developing long-term policies to prevent the spread of AIDS/HIV through the promotion of healthy behaviours and through the strengthening of school-community partnerships.

School systems throughout Canada have done a remarkable job in responding to the AIDS crisis. School programs have been introduced, parents informed, procedures to manage HIV infected students or employees have been established and hygienic precautions have been taken.

Educational leaders now have the opportunity to reflect on the longer-term implications of the AIDS issue. Are school programs truly having an impact in reducing high-risk behaviours among young people? Are AIDS/HIV teaching units properly placed within health curricula and Family Life/Sexuality programs? Are youth receiving consistent messages and adequate, coordinated services from the family, school and community about AIDS/HIV, STD's and sexuality?

This booklet is intended to achieve three goals:

- To provide updated information and advice on AIDS/HIV education in regards to recent changes in curriculum design, materials and research.
- To encourage the development of school district policies which place the AIDS/HIV issue within the context of a comprehensive approach to health education and which emphasizes that the school's response must be part of a school-family-community partnership.
- To provide useful tools, applications and examples which help school administrators assess their situation and plan for change.

This booklet does not include much medical information about AIDS/HIV nor does it discuss guidelines for managing HIV-infected students or employees. Those topics have been covered by other publications.

The first section of the booklet provides summarized information about recent developments in curriculum goals, updated criteria for evaluating educational materials, excerpts from the Canada Youth and AIDS study describing current youth sexual behaviours and background information on the value of a health promotion strategy and community development orientation in AIDS/HIV education.

The next chapter of this material provides assessment and planning tools to assist in the development of comprehensive, long-term policies on AIDS/HIV education. There is an attempt to ask the relevant policy questions, to describe some criteria for evaluating the impact and effectiveness of answers to those questions and to refer to some samples of such policies.

However, there is no substitute for the necessary process whereby a school board develops its policy from the professional advice of its staff and consultation with its community.

The third section of the booklet provides analysis and information about situating a school district response within an overall community effort. Several planning guides and assessment tools have been provided which can help school administrators identify and encourage appropriate responses from other sectors and agencies within the community.

NOTE:

The material contained in this publication is offered as a resource to educational leaders in Canada. The Federal Centre for AIDS and the Canadian Association of School Administrators do not necessarily agree with all the advice contained herein. However, the information is viewed as worthy of consideration by educators as they continue their efforts to prevent the spread of the disease.

1.1 ACKNOWLEDGEMENTS

This booklet has been funded by the Federal Centre for AIDS, Health Protection Branch, Health and Welfare Canada.

The Canadian Association of School Administrators is pleased to cooperate with the Federal Centre for AIDS as part of its national AIDS/HIV Education Strategy for Canadian Youth.

The Bureau of Information and Education Services of the Federal Centre for AIDS has worked in an exemplary manner with several national education organizations in reducing the impact of AIDS and HIV on our students.

2. BACKGROUND INFORMATION

A. The facts about AIDS/HIV

The following are the basic facts about AIDS as described by current medical research:

- AIDS (Acquired Immunodeficiency Syndrome) is a disease characterized by the breakdown of the body's immune system as a result of infection with the human immunodeficiency virus, (HIV) often referred to as the AIDS virus.
- Research to date has confirmed that the virus is transmitted in three ways:
  a) through vaginal, anal, and possibly, oral intercourse with a person infected with HIV;
  b) through direct entry of infected blood or blood components into the blood stream, particularly by sharing needles and syringes with an infected person;
  c) from mother to child in utero, during childbirth or through breastfeeding.
- No vaccine exists to provide immunity, nor is there a cure for AIDS or HIV infection. Recent tests with experimental drugs have shown promise that the course of the disease can be slowed.
- Several years may pass before an infected person shows clinical symptoms of HIV infection or AIDS.
- Numerous scientific studies have shown that the AIDS virus, HIV, is not spread by indirect or casual contact (for example sneezing, shaking hands, hugging, perfunctory kissing or being in the same classroom with someone who is infected.)
- Latex condoms, when properly used, have been shown to be effective as a barrier to HIV but they are not fool proof. When used with contraceptive jelly, cream or foam containing spermicides, condoms are believed to be the most effective means for preventing HIV spread among persons who engage in sexual intercourse and who are not maintaining a mutually, monogamous relationship.
- As of the end of April 1989, approximately 2500 cases of AIDS have been reported in Canada.
- An estimated 50,000 Canadians are currently infected with the HIV.
- It is predicted that by 1991, the cumulative number of AIDS cases in Canada will total under 11,000 cases.

(Sources: Federal Centre for AIDS, Health and Welfare Canada)

B. Risk Factors for Youth

As of April 1989, 10 cases of AIDS among teenagers, aged 15-19, were reported in Canada. Over 20% of people with AIDS are aged 20-29 years. Because the latency period for the virus can be 7 or more years, many of these people were probably infected as teenagers.

(Source: Federal Centre for AIDS)

There are a number of behavioural characteristics of adolescents which are a source of concern in the prevention of AIDS.

The Amount of Sexual Activity

There is clear evidence that adolescents are sexually active:

- 31% of male and 21% of female grade 9 students have had sexual intercourse at least once.
- Nearly one half of grade 11 and three quarters of first year college/university students have had sexual intercourse at least once.
- 65% of sexually active college/university males and 47% of females have had sexual intercourse with 3 or more partners.
- 15% of college/university students reported anal intercourse at least once.

(Source: Canada Youth and AIDS Study, 1988)

Lack of Protection During Sexual Intercourse

There is also clear evidence that many young people increase their risk by not using condoms during sexual intercourse.

- Only 15% of grade 11 and 13% of first year college/university students agree that fear of getting AIDS could prevent them from having sex.
- Approximately 75% of grade 11 and first year college/university students supported pre-marital sex, especially if the two people are in love.
- Sexually active young adults generally have a negative attitude toward the use of condoms, approximately one-quarter never use a condom.

(Source: Canada Youth and AIDS Study, 1988)

American studies indicate lower levels of protection. a 1980 study published in Family Planning Perspectives reported that only one third of sexually active teenagers use contraceptives regularly.

(Source: NSBA, Reducing the Risk, 1989)

Prevalence of Sexually Transmitted Diseases

The prevalence of STD's, such as chlamydia and herpes, has been shown to increase the risk of acquiring HIV infection in the event of exposure to the virus.

- In 1986, there were 37,489 cases of STD's in Canada, accounting for 27.6% af all notifiable diseases.
- Persons 15-29 years of age accounted for 78.3% of the total number of cases of gonorrhea.
- Among females, 68.7% of all reported cases of gonorrhea occurred in those 15-24 years of age.
- Reports of chlamydial infection increased 23% over 1985. Females 15-24 years of age accounted for the greatest proportion of the reports.
- There were 2,199 cases of syphilis in 1986, down from 2,607 in 1985.

(Source: HWC, Canada Diseases Weekly Report, March 1988)

Alcohol and Drug Use

Alcohol and drug use are factors that can contribute to the risk of HIV transmission because they impair judgement needed to practise "safer sex" or to say "no" to sexual intercourse.

- 45% of 12-14 years olds surveyed in 1986 reported that they had a drink within the previous year. 82% of 15-17 year olds and over, 90% of those 18 years and older had a drink in the previous year.
- In 1988, 29% of grade 11 males and 17% of female students used alcohol on a weekly basis; 41% of these males consumed 5 or more drinks at one time.
- In 1986, the proportion of young Canadians aged 12-29 who have ever used marijuana was steady at 44%.
- Repeat use of cannabis products increases from 3% for grade 7's to 25% for first year college/university students as surveyed in 1988.

(Source: A Summary Report on Tobacco, Alcohol and Marijuana and Norms Among Young People in Canada, Year 4, Gallup Poll, March 1986)

Street Youth

In the United States, an estimated one million teenagers run away or are "pushed out" of their homes each year according to the National Network of Runaway and Youth Services.

In Canada, in 1986, 484 teenagers were charged as Young Offenders for prostitution. In 1987, that number rose to 502.

(Source: The Uniform Crime Reporting Survey, 1986,1987)

Other Risk Behaviours

The linkage between child sexual abuse and AIDS has been made by Jon R. Conte of the University of Chicago but data defining that connection is scant. Although there are no national statistics for child abuse and definitions and reporting methods vary, the Badgley Report claims that 1 out of 3 males and 2 out of 3 females are victims of unwanted sexual acts, with 80% of these acts occurring before the age of 21.

Other potential risks include transmission of HIV through infected needles used in piercing ears, tattooing and injecting steroids.

(Sources: NSBA, Reducing the Risk, 1989 and Health and Welfare Canada)

C. Update on School Programs: Clearer Goals, Better Materials, Some Support Services

The schools in Canada responded to AIDS/HIV in a rapid and effective manner. Programs were introduced, materials produced, teachers prepared and procedures for HIV infections and hygiene established. The pace of evolution continues to be swift with at least three trends being discernible:

- Clearer goals and objectives for school programs are being articulated. There is a shift away from providing bio-medical information about the disease and more emphasis being placed on skills development and behavioural outcomes.
- Better, more relevant educational materials are being produced from a variety of sources. More specific and sophisticated criteria for developing and evaluating such materials are now available.
- Some school districts are now considering making certain related health services available to students. Condom dispensers in secondary schools are a controversial component to such services which can also include counselling and referral to health clinics in the community.

D. Placing AIDS/HIV Education Within A Comprehensive School Health Program

The AIDS issue as well as other health and social problems have initiated significant changes to school health programs across Canada and the United States.

Increasingly health curricula are being mandated in educational jurisdictions, with the coverage of topics and time allocated being expanded as well as more grade levels being included.

It is critical that schools develop a stable framework to respond to such health and social problems lest they become overrun by a never ending series of crises about AIDS, drugs, child sexual abuse, teen suicide and whatever other issue captures the headlines in the media.

Comprehensive school health programs, within which there is a Family Life/Sexuality component, are the most effective place for schools to situate AIDS/HIV programs.

A review of two basic health education concepts is useful here:

Health Education: Two Basic Concepts

Health Promotion: There has been a shift in emphasis within the health field. This shift is along a continuum of responses from treatment to prevention to promotion:

Treatment begins with the sick and seeks to keep them alive, make them well or minimize their disability.

Prevention begins with a threat to health, a disease or environmental hazard, and seeks to protect as many people as possible.

Promotion begins with people who are basically healthy and seeks to develop community and individual measures which can help them develop lifestyles that maintain or enhance the state of well being.

Comprehensive School Health: Schools have a role to play in health treatment, prevention and promotion, particularly in the latter two areas. In keeping with the shift away from treatment to promotion, schools should consider the value of comprehensive school health programs. Such programs include attention being given to instruction, a healthy environment and health services.

Various characteristics of effective comprehensive school health programs can then be attributed to these 3 basic components:

Instruction should include teaching strategies that allow for role modelling and practise of skills, well planned, sequential curricula, coordination with other subjects, effective in-service for teachers of the program, rich teaching and learning resources, class/school outreach activities and evaluation of learning outcomes obtained.

Healthy Environment includes "awareness" in-service programs for all employees, serious review of the school facilities and procedures, involvement of parent, community and health professionals in school programs, coordination with community-based prevention or promotion programs, and worksite health promotion activities.

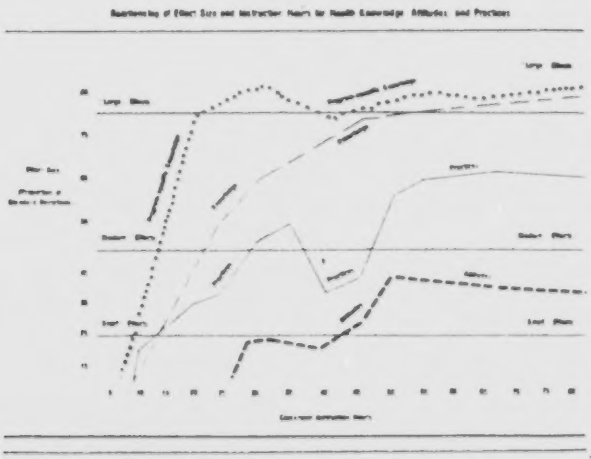
Health Services include appropriate classroom-based support, counselling from school guidance counsellors, appropriate services from school nurses and other specialists, and administrative leadership from the school district and school level, as well as referral to and delivery of community health agencies.

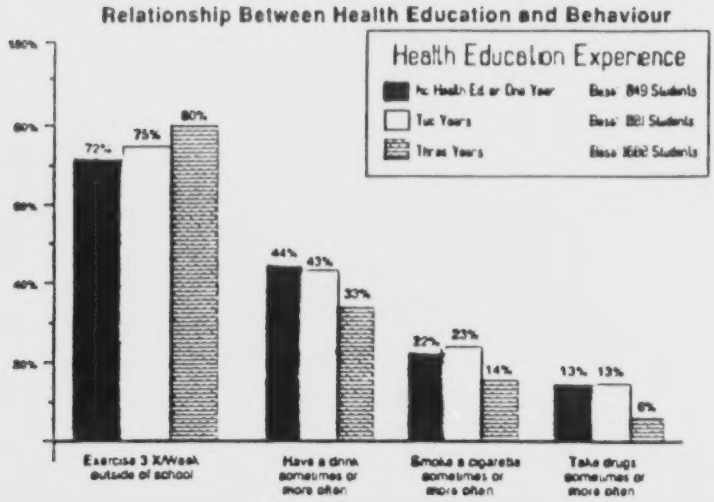
E. Comprehensive School Health Education Programs Work

Recent significant research on school health programs has demonstrated that such programs, provided that they entail 40-50 hours of instruction, can produce significant changes in health behaviours as well as knowledge and attitudes.

Findings of the School Health Education Evaluation (1984)

An extensive study of 30,000 students in 20 American states showed that school health programs affected knowledge, attitudes and behaviours as seen in the following chart:





Findings of the Metropolitan Life Survey of 1988

A similar survey, done in May 1988, was completed by 4,738, students in Grades 3 to 12 from 199 public schools in the United States. The purpose of the study was to determine if comprehensive health education programs made a significant difference in student health behaviours, attitudes and knowledge.

The survey found:

- As years of health education increase, students' health-related knowledge, positive attitudes and healthy habits also increase.
- 22% of students surveyed had little or no health education.
- 43% of students with only one year of health education have a drink sometimes or more often, that proportion decreased to 33% for students who have had health education for three years.
- 20% of students with one year of health education smoke a cigarette sometimes or more often, as opposed to 14% among those who had health education for three years.
- 13% of students having received health education for one year have taken drugs a few times or more; only 6% of those with three years of health education have done so.

(Sources: Louis Harris, An Evaluation of Comprehensive Health Education in American Public Schools, Metropolitan Life Foundation, 1988 and Cornell D.B., Turner R.R., Mason E.F.: Summary of Findings of the School Health Education

Evaluation: Health Promotion Effectiveness, Implementation, and Costs. Journal of School Health. Vol.55, No. 8, October 1985, p.320. Copyright, 1985. American School Health Association, P.O. Box 708, Kent, OH 44240. Reprinted with permission.)

Findings of Other Studies

Recent findings from the San Francisco Unified School District - Department of Public Health Study of their Comprehensive AIDS Program Evaluation, used a pre-test, post-test design, to show that students who received AIDS instruction were significantly more knowledgeable about AIDS relative to a control group. Of particular importance, there was a substantial increase in knowledge about the efficacy of condoms as a means of prevention.

(Source: R.J. Di Clemente et al, "Prevention of AIDS Among Adolescents", Health Education Research, IRI Press Limited, England)

The success of a school and community based health education program in South Carolina, also suggests that young people's behaviour can be changed. The program, which focuses on sex education, decision-making, communication skills and self-esteem, is considered responsible for reducing the teenage pregnancy rate by half between 1981 and 1985.

(Source: NSBA, Reducing the Risk, 1989)

Applying A Comprehensive School Health Strategy to AIDS/HIV Education

A Readiness Checklist

Instruction

1. A planned, comprehensive school health program is in place __

2. The AIDS program is presented in a manner to emphasize responsible decision-making, specific skills development, self-esteem, rather than bio-medical knowledge. __

3. Realistic learning objectives have been established for all grade levels. __

4. The AIDS programs is presented within a Family Life curriculum or program. __

5. Specific programs are being introduced for "high risk students (Eg. drop-outs, hemophiliacs) and are available to the school. __

6. The opportunities to teach about AIDS in other subject areas have been identified (Eg. Phys. Ed., English, Biology, Social Studies, Economics) and teachers have been encouraged to use specifically prepared materials. __

7. The school board or ministry has established a policy regarding the use of body fluids or human tissue in science courses and laboratory sessions.

8. Specific safety procedures have been introduced for the physical education program. All staff and coaches have been trained in the use of these procedures. __

9. Specific safety procedures have been introduced, where appropriate, for special education classes.__

10. Resource materials have been developed in consultation with teachers and parents. __

Environment

1. The school board has adopted an AIDS policy that covers instruction, training, professional awareness, counselling and referrals, employment practices, management of infected students and employees, cooperation with other agencies, school-based interventions to support infected persons, evaluation, implementation and communication of the policy. __

2. The school board policy on AIDS has been explained to the community. __

3. The school staff and parents have been informed of the school board policy on AIDS. __

4. Procedures have been established to ensure that adequate precautions have been taken regarding transmission of the AIDS virus. (This is best done at the same time for all infectious diseases.) __

5. First Aid kits with appropriate equipment such as plastic gloves, cleansing solution, etc., are readily available at appropriate locations in the school. __

6. School food service personnel have been informed of any procedures relevant to their work in regards to cuts and abrasions. __

7. Safety procedures and equipment in all laboratories have been reviewed and revised. __

8. Playground supervision procedures have been modified appropriately. __

9. The local media has been informed of the goals and content of the AIDS program. __

10. Public health officials and concerned community groups have been informed of the goals and content of the AIDS program. __

Health Services

1. Appropriate directions have been given by the school district for appropriate observation of students or staff. __

2. Counselling is available for physical and emotional problems of students and families, with appropriate referral and follow-up with other agencies. __

3. Teachers have been advised of the availability of appropriate referral services. __

4. Procedures for referral for anonymous tests by the public health officials have been established. __

5. Clear procedures have been established about communications with the public or parents. Such procedures protect the confidentiality of individuals and inform only those who "need to know" about individual cases. __

6. The school nurse is authorized to distribute condoms or there is a clearly, identified agency in the community to refer students to when they make requests for information or services regarding sexual matters. The role of school staff has been clearly defined by procedure for such matters. __

7. The school nurse and school counsellor are aware of community services providing anonymous testing for the AIDS virus and are authorized to refer students to those services. __

8. The school nurse and school counsellor are aware of community self-help groups and are authorized to refer students to these services. __

9. The role of the school counsellor in advising students about AIDS, STD's and other related issues has been clearly defined. __

Instruction

11. Resource materials are available in sufficient quantities. ___

12. Teachers presenting the AIDS programs have attended workshops specifically designed to prepare them for this purpose. ___

13. Arrangements have been made to use local public health personnel or other community resources in presenting the program. ___

14. A presentation has been made to the parent advisory committee about the program. ___

15. An information meeting has been held for parents and the community about the program. ___

16. Materials congruent with the school program are available for use at home by families. ___

17. School staff conduct themselves in a manner showing a role model that is sympathetic to people infected with the AIDS virus. ___

18. Student groups have been encouraged to address the topic of AIDS in appropriate extracurricular activities (Eg. articles in the student newsletter, presentation by drama club, etc.). ___

19. Suggestions have been developed, distributed and discussed by all teachers on classroom and school management procedures to deal sympathetically with HIV infected students. (This is best done in context of preparing for all infectious diseases.) ___

20. The school has participated in special activities to promote awareness about AIDS. (Theme weeks, health fairs, etc.) ___

21. A peer counselling program on responsible, sexual decision-making and substance abuse has been introduced. ___

Environment

11. The school district and schools are involved in school/community AIDS prevention activities. ___

12. Awareness and information sessions have been held for all school staff. ___

13. Specific training has been provided to the school nurse, school counsellor, school secretary and school janitor. ___

14. Appropriate procedures have been defined for an inadvertent public disclosure of the presence of a student or employee infected with the AIDS virus. ___

15. The school principal has received specific advice regarding public liability and legal issues. ___

16. Posters and brochures on AIDS are available and accessible in the health office of the school. ___

17. The school nurse has issued regular updates on AIDS to the school staff. ___

18. Clear procedures and support services are defined to assist employees and their families in the event they become infected with the AIDS virus. ___

19. Appropriate changes have been made to school district employee assistance/wellness programs, collective agreements or personnel policies. ___

Health Services

10. The school nurse and school counsellor are aware of community and health care networks active on the AIDS issue. ___

11. The school district has established an emergency response team to provide support to students, employees, staffs and schools affected by an inadvertent disclosure of an AIDS infection. ___

12. The principal, school nurse and school counsellor are aware of procedures for emergency responses caused by inadvertent public disclosure of an AIDS infection. ___

13. There are clear procedures for communicating with the public health officer through school district supervisory staff in the event that a staff member becomes aware of a student or employee infected with the aids virus. ___

(Adapted from: Carlyon, P., Physician's Guide to school Health Curriculum Process, American Medical Association Allensworth & Symons, "A Theoretical Approach to School Board HIV Prevention", Journal of School Health, 1989 OCSOA, Developing Supportive Policies, Procedures on AIDS, Ontario Catholic Supervisory Officers Association, 1988)

F. Recent Advice on Program Goals

The "state of the art" in AIDS/HIV education is evolving quickly. The summaries which follow offer updated advice about appropriate goals for AIDS/HIV education and evaluating the appropriateness of educational materials.

Seven Steps to Successful Health Education

Research on public health education indicates that the following seven steps should be considered in designing programs.

1. The target group should be defined as precisely as possible. This will make it easier to deliver a message that will be understood and acted upon because it tells the target audience what they need to know, in their own language, through sources they trust and respect.

Has this analysis been done for youth and AIDS/HIV?

2. Health threats can be due directly to risk behaviour but also to the group's background capabilities, attitudes and health-relevant knowledge, attitudes and behaviours?

The Canadian Youth and AIDS Study provided basic data regarding Canadian youth knowledge, attitudes and behaviours about AIDS and sexuality. Is this information being used to re-assess our initial AIDS/HIV programs?

3. The media selected to reach a target audience should be governed by two considerations; which media provide the best access to the target group and which media afford the best use of available resources? Mass media alone may be less effective than a combination of mass media, school-based programs and other community-based programs.

Have public agencies planned and coordinated the delivery of consistent messages through a variety of media?

4. A message must be clear but must also communicate in a "language" (arguments, words, symbols) with which the target audience is comfortable. Providing information on the effectiveness of various risk-reduction steps may be particularly important as well.

Do AIDS/HIV programs suggest a variety of options for risk-reducing behaviours? Do they provide information on the effectiveness of such options? Are they presented in a "language" which youth will understand?

5. Developing skills for reducing the health risk is critical. Rehearsing such skills is essential in helping the target audience develop a sense of personal efficacy, a confidence in their ability to carry out the recommended behaviours.

Do current AIDS/HIV programs offer extensive opportunities for students to practise risk-reducing behaviours?

6. The provision of motivators is another essential component. Fear is one motivator and fear-arousing messages may be more effective if:

- they generate moderate (not high) levels of fear;
- focus on short-term, personalized consequences; to provide specific recommendations for reducing risk.

Are the "motivators"" clearly identified in current AIDS/HIV programs?

7. Intended learning outcomes can include initial awareness, knowledge, skills, attitudes and behaviour. Those outcomes should be clearly described and should be realistic.

Are the outcomes of current AIDS/HIV programs clearly described in respect to skills, attitudes and behaviours?

(Source: Adapted from AIDS Education: Reaching Populations at Higher Risk, General Accounting Office, US Senate, September, 1988)

Other Questions About AIDS/HIV Programs

Allensworth and Symons suggest that AIDS programs must apply principles related to learning and behaviour change. Due to the complexity of influencing contemporary adolescent sexual behaviour, a multidisciplinary, health promotion approach should be used which includes policy development, direct interventions, instruction, environmental support, media, role modelling and social support. Consistent, continuous messages through multiple channels (school, home, community and media) by multiple agents (parents, peers, teachers, health professionals) need to be provided.

Applying Walberg's analysis of causal influences on student learning, Allensworth and Symons present the following significant concerns about current AIDS programs.

1. The "abstinence" or "just say no" models used by sexuality or drug abuse programs proved minimally effective in secondary schools because adolescents

are, at that stage of their development, asserting their own value system within the context of strong peer influence. Are we making the same mistake with current AIDS programs?

2. Research has demonstrated that students with low self-esteem are more likely to display dysfunctional behaviour. Are we emphasizing self-esteem in current AIDS programs?

3. Research has demonstrated that 40-50 hours of health instruction are required to change behaviour. Most Canadian AIDS programs range from 4-10 hours. If the AIDS programs are not implemented within the context of a health program of 40-50 hours, do we have any hope of changing sexual behaviour?

4. Quality instruction is grounded in fundamental principles such as structuring learning activities in the cognitive, affective and behavioural domains, attending to Bloom's taxonomy of the hierarchy of learning and to responding to the heterogeneous nature of public school populations. However, much classroom time is spent on content mastery in the cognitive domain, which focuses principally on recognition and comprehension rather than application and synthesis. Do current AIDS programs suffer from the same weakness?

5. Presenting information about AIDS is not sufficient. Instructional goals also must include skill development as a means to decision-making, behaviour change and social action. Do current AIDS programs emphasize skills such as refusal, assertiveness, peer pressure management, communication, decision-making and esteem enhancement?

6. Support provided by the home, community and the media reinforces the educational messages in the classroom. Are current school-based programs coordinated with programs to influence the home, community and the media?

(Source: D.D. Allensworth and C.W. Symons, "A Theoretical Approach to School-Based HIV Prevention, Journal of School Health, February, 1989)

Flora and Thoresen draw upon theories of prevention and social marketing to make suggestions about AIDS programs. They suggest:

1) Utilization of focussed skills training in AIDS programs

2) Focus on specific problem situations

3) Use of peer leadership and counselling programs.

(Source: Flora and Thoressen, "Reducing the Risk of AIDS in Adolescents", American Psychologist, November 1988)

G. Updated Criteria for Assessing Educational Material for Youth

Most educational jurisdictions have had to develop or purchase AIDS/HIV educational material without the benefit of a developed evaluative framework or guidelines. The following criteria have been included here because they summarize a significant amount of factors which should be considered in any assessment of educational materials.

Accurate Information.

1. The information presented should be medically accurate. (To determine the accuracy of such information, educators can refer to their provincial/ territorial Department of Health or the Federal Centre for AIDS (1-613-957-1772) ___

2. The information should be current. ___

Targeted Information

3. For maximum effectiveness, materials should be specifically designed for a particular audience, recognizing age and developmental levels. ___

4. Consideration should be given to cultural and ethnic background, sexual orientation, prevalence of injection drug use, levels of sexual activity, school status (enrolled, graduated or "dropped-out") literacy levels and employment levels. ___

5. Language and illustrations need to be acceptable and sensitive to community values and needs without compromising the effectiveness of the prevention message. ___

6. Information must be presented in words and images that youth can relate to and understand. ___

7. Adolescents should be involved in the review process used to evaluate the materials. ___

Terminology

8. In presenting a prevention message, it is more appropriate to use "HIV", "HIV infection" and "HIV epidemic" rather than the final manifestation of the disease, "AIDS". ___

9. HIV is transmitted, not AIDS ___

10. People do not die from AIDS, they die from opportunistic infections to which people with the HIV infection are susceptible. ___

11. In discussing transmission of HIV, emphasis should be placed on risk behaviours instead of risk groups. ___

12. While discussing sexual transmission, young people should be informed specifically as to which body fluids do and do not transmit HIV and which behaviours place them at increased risk. (Vague phrases such as "body fluids transmitted during intimate sexual contact" do more to confuse than educate. Specific references to blood, semen and vaginal secretions are recommended. ___

13. The information should acknowledge differences in individual lifestyle and sexual orientation in a positive tone. Materials which do not do so only further isolate an already vulnerable population of gay and lesbian youth. ___

14. Materials should discuss "people with AIDS/HIV infection" or "people living with AIDS/HIV infection" rather than "AIDS victims". Such terms cast judgement on individual lifestyles or misrepresent the fact that many HIV-infected people lead productive lives. ___

Tone

15. The focus of materials should be on preventing further HIV infection rather than attributing the origins of HIV to any particular place or group of people. ___

16. Young people need to know that substance abuse may play a role as a co-factor in increasing risks. ___

17. Young people should be encouraged to show compassion to people infected with HIV. —

18. Most importantly, youth need to know there are many behavioural options, including abstinence, the use of condoms, and sexual activity without intercourse which do not expose them to HIV infection. —

Multiple Media and Messages

19. No single video, booklet or pamphlet is a complete educational program. There should be a range of educational materials and resources available for a range of learning needs. —

(Source: Adapted from: Resources: Adolescents, AIDS and HIV, Guidelines for Review, Centre for Population Options, Washington,DC, April 1989)

H. Placing School Programs Within A Community Context

Far too often, society reacts to an urgent issue and demands that schools "fix" the problem. It is therefore important that educational leaders are in a position to articulate a realistic role for schools in addressing the AIDS issue which is responsive to community concerns and which emphasizes a partnership between the family, the school and the community.

A Realistic Role for Schools.

The following is presented as a basis for developing a realistic role for schools in AIDS/HIV education:

In partnership with their community and in support of the role of the family, schools have an important role to play in responding to AIDS. They should:

- Provide instruction to students which promotes healthy lifestyles, self-esteem, responsible decision-making and the avoidance of behaviours which increase the risk of being infected with the AIDS virus.
- Train their employees to take the necessary health and safety precautions in order to provide a safe learning environment for students.
- Ensure that all employees are adequately prepared through in-service programs in order to fulfill their respective roles in teaching, counselling or providing other services related to AIDS.

- Provide information and initial personal counselling to students seeking advice about AIDS or related matters as well as provide information or referrals to other agencies in the community.
- Establish employment practices which support employees and their families in the event that they become infected with the AIDS virus.
- Continue to provide instruction and support to students infected with the AIDS virus in accordance with advice from public health officials.
- Cooperate with other agencies in the community in the prevention of AIDS.
- Seek to ensure that persons with AIDS are treated in a fair and compassionate manner by society.

Schools and school boards are part of their communities. It is therefore important that they take an interest and are concerned with the general health and welfare of their respective communities.

A Role in Promoting School-Community Partnerships

Without committing a significant amount of resources and by using the strengths of its elected and professional leadership, a school district can and should, if necessary, act as a catalyst (not necessarily an on-going leader) of a community wide AIDS/HIV Prevention Program.

The following activities would be part of such a catalyst's role in community development in AIDS/HIV education:

- Participating in health or AIDS/HIV related community-based councils or committees.
- Initiating meetings with other agencies or groups to coordinate or collaborate in prevention efforts.
- Supporting community requests for related health services and treatment services.
- Encouraging employees to work with health agencies and community groups in prevention programs.

I. Rationale, Benefits, Outcomes, Structures, Targets and Sample Activities for School-Community Partnerships in AIDS/HIV Education

Rationale

A rationale for a school-community partnership in AIDS education could include:

- Prevention is the most effective means for society to use in responding to AIDS/HIV, particularly in view of the fact that treatment strategies are in developmental stages and that, currently, there is no cure for the disease.
- Effective reductions in the risk of HIV transmission necessitate changes in behaviour. Behaviours will only change when the entire community establishes new social norms regarding sexuality.
- Youth behaviour is influenced by a variety of psycho-social factors including family, peers, the media and schools. A consistent message to youth is best delivered through a school-community partnership.

Benefits

Integrated school-community AIDS/HIV education programs create the following benefits:

a) Programming is facilitated, leading to increased health knowledge and behaviours.

b) The school gains financial or other forms of support for its programs.

c) The school gains endorsement and support for controversial aspects of health or family life education.

d) Community and health agencies receive increased visibility.

e) Community and health agencies save time and money in avoiding duplication of services and in accessing the school.

f) Resources are used more effectively.

Outcomes

In any community-wide prevention program it is critically important that outcomes be described that can be both attained and measured. There is an abundance of examples of public awareness and community prevention programs

that have not stated their intended outcomes and hence are based on unfocussed "awareness raising" activities. Far too often these activities are done in special "weeks" or "days" and ignored the rest of the year.

The following is a brief listing of some desirable outcomes and objectives of community-wide AIDS/HIV education and prevention programs. Since risks of HIV transmission are associated with behaviours related to sexual activity and drug abuse, there are a number of outcomes for these related topic areas.

a) Clear Definitions

The first priority in any community-wide program should be **primary prevention**. In other words, the goal is the modification of youth and adult behaviours within the community regarding sexual activity and drug use. Activities would include public awareness advertising, brochures and school-based programs.

Secondary prevention should be the next priority. Such prevention activities focus on behaviours which place people at higher risk and develop specific interventions to reduce the risk taking. Such activities would include "free needle" programs, condom dispensers in suitable locations and referral and counselling programs regarding sexuality.

b) Program Focus

The focus of the programs should be clear. As well, the program should place priority on reaching clearly specified target audiences with clearly defined messages. For example:

- to delay sexual activity of youth involving intercourse
- to encourage the use of condoms among youth and adults if they are sexually active
- to discourage the practice of sharing needles among street youth

Other related targeted behaviours should be identified and incorporated into the program. For example, teen-age pregnancy and drug abuse could be targeted.

c) Measurable End Points

Objectives for the program should be established which can be measured. Not only does such information assist in program planning, delivery and evaluation, such clarity of purpose can help program proponents in seeking continued funding if the objectives are not yet achieved.

Such measurable outcomes can be described in a number of areas as in the following example.

i) Behaviour

- There will be an increase in the number or proportion of adults and youth reporting through surveys that their sexual behaviours have been changed to lower their risk of HIV transmission.
- There will be increased numbers of purchases of condoms as reported in local stores.
- There will be increased numbers of referrals and counselling of young people seeking advice on sexuality from local health clinics, places of worship, school personnel.

ii) Social

- There will be reduced numbers of teen-age pregnancies reported within the community.
- There will be fewer or no incidents of discrimination involving HIV infected people.
- There will be evidence of a compassionate view of people infected with HIV.

iii) Health

- The incidence of HIV infections will stabilize or decrease (this may be difficult to measure at a local community level).
- The incidence of sexually transmitted diseases will decrease (as reported in local health clinics).

iv) Program

- Random surveys and other evaluations will report that knowledge about AIDS/HIV has increased.
- Evaluations will report that attitudes towards HIV infected people have become more compassionate.
- Formative evaluations of different program components will report that target groups, professionals delivering the program and relevant policy-makers have contributed to their development and implementation.
- Evidence collected by community assessments will report that endorsement and support for the program has come from institutions, agencies and leadership organizations in the community.
- There will be a specific procedure to report on program evaluations.

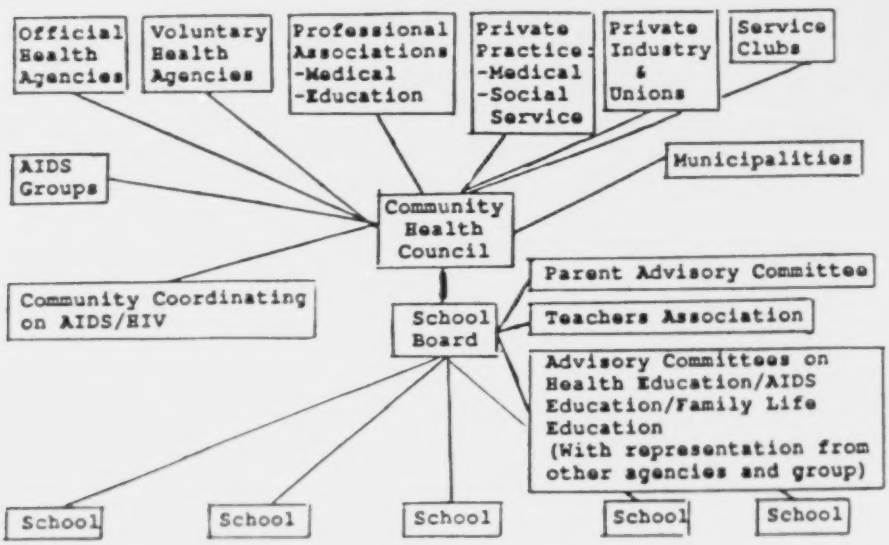
v) Policies from local institutions, agencies and organizations

- Local employers, municipalities, health agencies, social service agencies, universities, professional associations, unions and other institutions or agencies within the community will adopt appropriate policies on AIDS/HIV.
- Local community organizations, service clubs, religious institutions and other voluntary organizations will support AIDS education programs.
- Local charitable foundations and corporate donors will contribute to AIDS education and treatment programs.
- Professionals and employers at workplaces throughout the community will receive awareness and training programs.

Structures

The most effective method for integrating schools and community efforts in AIDS education is to base local infrastructure within an overall plan promoting comprehensive health education. However, in many communities the goal of an effective, inter-agency, inter-group coordinating structure may seem to be a significant challenge.

It is not necessary to have all of the mechanisms suggested in the diagram below in order to begin to collaborate in AIDS/HIV education. However, it would be a good idea to work towards establishing such mechanisms.



(Killip DC, et al: Integrated School and Community Programs. Journal of School Health. Vol. 57, No. 10, December 1987, pp. 437-444. Copyright, 1987. American School Health Association, P.O. Box 707, Kent, OH, 44240. Reprinted with permission)

Functions

The following functions can be enhanced through an effective school-community partnership in health education pertaining to AIDS/HIV.

a) Information

- Distribution of materials produced by official and voluntary health agencies.
- Delivery of workshops and presentations on AIDS/HIV, sexuality and related issues by official and voluntary health agency experts.
- Distribution and circulation of newsletters, reports, copies of memos, etc.

b) Services

- Initial counselling with students on school site.
- Referrals for counselling to official and voluntary health agencies.
- Needs identification and assessments of current levels of health and social services.
- Cooperative ventures using students in health professions.
- Cooperative ventures between school district and official health agency to provide school health clinics.

c) Advising and Decision-Making

- Ad hoc committees on crisis intervention, prevention, counselling.
- Formation of Community Health Councils.
- Formation of School District Health/AIDS/Family Life Advisory Committees
- Formation of Inter-Agency Professional Teams.
- Formation of Inter-Agency Management Teams

d) Education and Prevention

- Ad hoc committees on projects/activities
- Integrated plans for prevention/education activities.

e) Treatment and Counselling

- Ad hoc committees on crisis intervention and management
- Periodic assessments of services available
- Joint funding of selected services available
- Joint planning re roles and delivery

f) Planning and Development

- Planned, joint use of sites and resources
- Use of consortiums to develop educational resources
- Creation of fund-raising agency to supplement existing agency/school district budgets.

g) Research and Evaluation

- Collaboration in research design
- Joint study of research results
- Collaboration re access of university-based researchers
- Cooperative submissions of research proposals
- Use of agencies staff to compile health, demographic and educational data.

h) Monitoring and Reporting

- Joint agency client/family monitoring systems
- Monitoring of referrals of students by schools to health or social service agencies.
- Sharing of annual and statistical reports.

i) Training

- Use of health professionals in school system workshops
- Use of education professionals in health workshops
- Use of community health agencies as learning sites for professional development of health and education professionals.

j) Advocacy

- Encouragement of parents and citizens as individual advocate
- Joint meetings/briefings with elected MLA's and MP's
- Support and participation in community led coalitions.

Targets of School Community Partnership Programs

It is important that community prevention programs define their "targets" as specifically as possible. The following chart identifies potential recipients and participants as well as the nature of activities relevant to that sector of the community.

Target	Types of Prevention Activities
Individuals	Pamphlets, advertising, community, television, etc.
Families	Family kits, adaptation of health services
Schools	Instruction, healthy environment, health services
Colleges	Instruction, "action" research, healthy environment, health services
Universities	Instruction, primary research, healthy environment, health services
Worksite	Pamphlets, awareness sessions
Displaced Youth	Self-help programs, "Street Counselling", referral services
Mass Media	Professional development, awareness activities
Retail Stores	Advertising
Local Government and Institutions	Legislation, policy, funding, services
Voluntary Organizations	Awareness sessions, speakers, fundraising activities
Professionals	Pamphlets, professional development

Examples of School-Community Partnership Activities

The following list of possible joint school-community AIDS prevention activities has been adapted with permission from "A Theoretical Approach to School-Based HIV Prevention, Journal of School Health, February 1989.

a) Policy

- The School Board Policy is developed and endorsed by a community task force
- The School Board initiates the development of a community task force on AIDS if none exists in their community.

b) Environmental Change

- All community agencies cooperate to raise AIDS awareness via posters, displays and exhibitions.
- The community clinic is encouraged to display and openly promote condom distribution in the community.

c) Media

- PSA's are developed for radio, TV and the newspapers.
- Community television programs cover the AIDS topic from a local perspective.
- Local media report on school's program on AIDS.
- A parental task force is created to advocate for the depiction of responsible sexual activity in the media.

d) Direct Interventions

- Highrisk populations in the community are identified by health, social service and school personnel for specific programming.
- School and community referral procedures are coordinated.
- Local clinics are encouraged to provide confidential and anonymous HIV testing and counselling

e) Role Modelling/Social Support

- Agencies in the community, including schools,coordinate support networks for infected persons.

f) Instruction

- School Board develops pro-active stance providing rationale for AIDS program.
- School principals contact parent groups to explain policy and program.
- Schools provide information sessions to parents.
- School site used (in some communities) for distributing information on AIDS (eg. isolated communities).
- Schools call upon resources of public health officials, gay community, local physicians, nurses, social workers, professional associations.
- Schools coordinate or initiate AIDS awareness programs among religious or youth-serving organizations.
- Schools encourage youth to organize performing arts groups to assist in AIDS prevention.

3. DEVELOPING POLICIES

A. Policy Development: Some Suggestions

Policy statements should be more than words on paper. They are the means by which those who are elected to govern an institution or organization give direction to those who are employed to operate that institution or organization.

Policy statements are a reflection of those expectations and should therefore be explicit about outcomes. Those outcomes should be used to evaluate the effectiveness of the policy and its implementation.

There is a general division of authority separating elected and administrative authority in policy making and implementation. Elected officials determine the "what", the "why" and the "how did we do". Employees determine the "how", the "when" and the "who".

However, the line separating the two types of authority should not be rigid or artificial. With many issues, the "how" of implementation can have a significant impact on the "what" or outcomes. Therefore, governing bodies of educational institutions should develop policy statements which address key implementation issues. (eg. The method for reporting suspected child abuse is a procedural issue but has significant policy-related implications).

Similarly, the practical limits of resources or available knowledge/technology should be taken into account in determining the "what". Therefore, employees should have direct input into policy decisions in order to describe those limits.

Policy statements should also be explicit about the resources required for implementation. Therefore, expectations about professional development, materials or other administrative measures should be described in general terms.

Policy statements are written to serve the clientele of the institution or organization. Opportunity for input into the development, implementation and evaluation should therefore be given to students, parents, the community and employees.

Policy statements must be communicated and evaluated. It is therefore advisable that policy statements include directions as to how they will be communicated and when they will be evaluated by the elected authority. An implementation schedule for the policy should accompany its adoption.

There are two common errors to be avoided in the preparation of policy statements: the first is to prepare a vague, general statement of goals (usually a paragraph or two in length) that gives insufficient direction to employees and no criteria for success in implementation.

The second common mistake is to substitute procedure for policy. Often the "policies" of educational institutions, are in fact, administrative manuals. The specific steps and procedures required to achieve an outcome should be established by administrators with the accountability for their validity resting with them.

Developing an AIDS/HIV Policy

1. Define the Problem

Policies are solutions prescribed to deal with problems. Therefore, the first step should be to seek agreement among your policy-makers and constituents about the problem.

Is the "problem" of AIDS/HIV simply a disease? Or is it inextricably linked to sexuality issues? In responding to the issue will public institutions have to deal with behaviours and morals?

You should expect a divergence of views on these basic value-laden questions. Work diligently on finding acceptable compromises and consensus.

Describe the problem in terms of your community or constituents. Recognize the existence of the problem in your community by using local statistics, experiences and data.

2. Agree on the role of your institution in addressing the problem.

You might return to the description of an appropriate role for schools in AIDS/HIV education described earlier in this booklet. Can you agree on a statement similar to that?

You might develop a succinct rationale for your institution becoming more involved in the prevention of AIDS/HIV.

3. Seek a broad cross-section of opinion in the development of your policy.

It is recommended that educational institutions invite representatives from community and health organizations to assist them in developing the policy.

It is advisable that this same advisory group be asked for input on the plans to implement the policy and, later on, the evaluation of the effectiveness of the policy.

The group should consist of:

- elected or appointed officials governing the educational institution
- administrators (at different levels in the system)
- teachers and counsellors
- parents
- community members
- community/public health agency personnel
- medical personnel
- representatives of groups working with persons with AIDS/HIV
- students

Prior to discussing the policy to be developed, you may wish to consult the broadly-based advisory group on:

- your description of the "problem"
- your description of an achievable role for your institution.

4. Describe existing policies, programs and procedures

Collect the data and review the formal and informal activities already underway in your institution in regards to AIDS, sexuality and communicable diseases.

- Describe what seems to be successful and why.
- Describe the problems and why they are occurring.
- Include both quantitative and qualitative data.

5. Identify the range of possible policies and programs for your institution.

Within the role you have described for your institution and in response to the "problem" you have agree upon, identify, through research, possible policies and programs for your institution.

These policies and programs should address many of these topics:

- relationship to legislation and regulations
- relationship to other policies and goals of the institution
- recognition of constraints external to the institution
- curriculum
- other prevention programs
- how confidentiality will be maintained
- reporting to supervisors
- reporting to other agencies
- professional development to promote employee awareness
- specialized training for specific personnel
- criteria regarding teaching/learning materials
- procedures for supporting employees
- employee assistance and wellness programs
- inter-agency protocols
- community advisory committees
- cooperation with other agencies re public awareness
- methods to communicate the policy
- timelines to implement the policy
- criteria and timelines to evaluate the policy.

This booklet contains many samples and models but it is not sufficient as the only resource in developing your policy. Look elsewhere.

6. Prepare a draft policy statement.

Prepare the draft and discuss it within your advisory committee.

Assess the impact of such a policy on your institution. Is it realistic? What resources are required for implementation and maintenance of the policy? What are the likely constraints due to community values? What are the external and internal political constraints? What are the new requirements for materials, retraining of staff, or support services?

7. Finalize and adopt the policy statement.

Naturally, this is done by the governing body of the institution after customary consultative procedures have been undertaken.

8. Communicate your new policy.

Ensure your new policy comes to the attention of all employees, clientele and constituents.

Ensure that new employees, clientele and constituents are provided a copy of the policy in a systematic manner.

Inform the media about the adoption of the policy.

9. Implement your policy in accordance with the timetable approved at the time of its adoption.

The timetable should include references to items such as pilot projects, formative evaluation reports, timelines for training employees, timelines for the introduction of curricula, eventual responsibilities of schools or departments in implementing the policy and when resources will be made available.

10. Evaluate your policy

The procedure for collecting data and input from concerned employees, clientele and constituents should be clear.

There should be a determination if the policy is to be evaluated every one, two or three years.

The expected outcomes described in the policy should become the criteria for evaluation. Measurable outcomes should be stipulated as much as possible. In some cases such measurements will require specific evaluation procedures (eg. testing of learning outcomes). In other cases such criteria can be quantitative (eg. all staff will have participated in at least one hour of professional development activities).

A Model Policy

This booklet has been prepared to assist school districts in developing **their** policies on AIDS/HIV. Policy is a springboard for action. Action in local community or organization occurs when its members recognize a problem and agree to act together.

Therefore, a format has been chosen for this model policy which asks the **policy questions** which need to be answered. But the answers must come from within your institution and your community.

It is equally important that you define your **expected outcomes** as specifically as possible. You need to know when you have achieved your objectives. These stated outcomes become your criteria for evaluating your policy.

Finally, it is useful for you to learn from the experience of others. Therefore, this booklet contains a **discussion** of different options in responding to the policy question, important issues to be addressed and examples from other jurisdictions.

Samples of wording from School Districts have also been included, therefore our model policy has been organized into this format:

- Policy Question
- Expected Outcomes/Criteria for Evaluation
- Discussion
- Sample Wording of School District Policies

It is suggested that your policy be written with a general **preamble**, stating the philosophy or approach of your institution to reducing substance abuse, and **specific policy objectives**, which describe your expectations in regards to topics such as curriculum, professional development or procedures.

B. AIDS/HIV Education: Policy Questions For School Boards

Note: The inclusion of sample policy statements in this section does not imply endorsement from CASA or the Federal Centre for AIDS. They are presented as alternatives for consideration. To save space, statements have been abbreviated whenever possible.

Policy Questions	Expected Outcomes/Criteria for Evaluation	Discussion	Sample of Wording from School Districts
Preamble			
1. How will the AIDS/HIV policy relate to other school board policies in promoting the health of students and employees, in sexuality/family life education and in relation to communicable diseases?	•Criteria for evaluating this part of the policy might include: •The AIDS/HIV policy will be congruent with a school board philosophy promoting health and responsible decision-making among its students and employees. •The AIDS/HIV policy will form part of a sequential, long-term curriculum supporting healthy growth and development of the student in decision-making, interpersonal relationships and sexuality. •The AIDS/HIV policy will form part of a set of procedures designed to support students, families and employees in times of crisis or stress.	It is important that policies promoting health, decision-making or concepts such as self esteem include some measures for evaluating the effectiveness of the program to implement the policy. It is not necessary to evaluate all students in such skills in the affective domain. For example, random sample evaluations using attitudinal measurements could be administered and thereby place the school board in a position to document the effectiveness of the policy and program.	**Policy** - "The challenge presented by the advent of AIDS is to educate people about the risk. The Board recognizes its responsibility to implement programs provided by the Members of Education and Health to help students make responsible lifestyle decisions..... (Parry Sound, Ontario) **Policy** - "The Board believes that all students, including those with AIDS, have the right to a full and complete education in school and that all employees have the right to work unless they cannot meet acceptable performance standards." (Keewatin, Northwest Territories) **Policy** - "Whereas the Board is cognizant of the serious consequences of AIDS and HIV carriers to health and as a social reality and whereas the Board has a responsibility to its students and staff to provide them information necessary to make responsible and informed decisions about matters pertaining to their health and whereas the Board has a responsibility to its students and staff to safeguard their personal rights to confidentiality, to education and to employment and whereas the Board has the responsibility to students and staff to provide an environment which is as free of risk to health and well being as conditions allow..." (Lakeshore, Quebec). **Policy - Cross Reference** (to other school board policies) -Policy GBE, Health and Safety -Policy GBEB, Worker's Compensation -Policy GBL, Access to Information on Personnel -Policy GDBCA, Administrative & Support Staff - Benefit Plans -Policy GDBCB, Administrative & Support Staff - Pension Benefits -Policy GDBD, Administrative & Support Staff - Leaves and Absences -Policy JCD, Student Suspension and Expulsion -Policy KGA, Release of Information Concerning Board Meetings -Collective Agreements (with teachers.) (Carleton, Ontario)

Policy Question	Expected Outcomes/Criteria for Evaluation	Discussion	Samples of Wordings from School Districts
2. How will the AIDS/HIV policy relate to existing laws and regulations?	Criteria for evaluating this part of the policy might include: •The policy will be congruent with legislation, regulations and Ministry of Education directives. •The intent of any legislation, regulations and Ministry of Education directives will be communicated to all employees.	Many school board policies contain references or summaries of relevant legislation and regulations. It is important that school personnel are aware of their responsibilities derived from such legal directives.	**Policy** - Cross Reference (to Laws and Regulations) -Education Act and Regulations -Workers' Compensation -Ontario Human Rights Code -Canadian Human Rights Act -Public Health Act (Carleton, Ontario)
3. How does the school board view the problem of AIDS/HIV and the role of schools in preventing the spread of the disease?	•Criteria for evaluation this part of the policy might include: There will be a definition of the problem of AIDS/HIV as it pertains to the education and training of students. •The Board will see the role of the school as assisting in the prevention of the disease by promoting risk-reducing behaviours, as encouraging compassion for HIV infected people, as ensuring a safe learning environment and as working with other agencies in the community to respond to the disease. •There will be recognition of the complexity of the problem. •There will be recognition of the need for a comprehensive school health program (instruction, environment and health services) as well as a family life program.	A review of Section H of this publication, "Placing School Programs Within A Community Context" attempts to describe a realistic role for schools in responding to AIDS/HIV. A review of this section is recommended.	**Policy** - "Communicable Diseases - The Board shall; a) assist personnel in the prevention of the spread of communicable diseases by encouraging education of employees and students and b) encourage parents to have children vaccinated against communicable diseases." (Summerland, British Columbia) **Policy** - "General Statement - THe Board attempts to set an example as an enlightened and human institution in dealing with the emerging and deadly epidemic of AIDS." (Brant County, Ontario) **Policy** - "Communicable, Infectious or Contagious Diseases and the Health and Safety of Staff and Students - The Board, in keeping with its Mission Statement and Gospel Message, recognizes its Christian responsibility in the areas of health and safety of staff and students in relation to the provision of appropriate first aid, safe guidelines for the clean-up of blood and body fluids and a supportive response to the management of infectious, contagious or communicable diseases ... Basic Moral Principles As members of a Catholic Community: 1. We respect each person's right to privacy and to community support. 2. We stand with the Gospel on the side of those who suffer. 3. Our reasoned response is based on information and not on ignorance, misinformation, rumour or myth. Specific Principles 1. An AIDS response should offer balanced protection and support to all persons involved..

Samples of Wordings from School Districts

2. An AIDS response will respect the moral and current legal rights of the individual who has contracted AIDS and others.
3. An AIDS response will educate by its adherence to Christian principles and by its refusal to support untruth and myths about AIDS." (Dufferin-Peel Roman Catholic School Board, Ontario)

Policy - "The Board attempts to set an example as an enlightened and humane institution. In dealing with the emerging and deadly epidemic of AIDS, policy shall be the following:
1) To educate our students to live responsible, compassionate lives, enabling them to avoid behaviours which might lead to infection with AIDS while emphasizing in such instruction each person's need for understanding and the development of healthy sexuality.
2) To educate all staff about the reality of AIDS to enable them to respond to the problem in a compassionate, understanding and professional manner.
3) To support the enforcement of laws providing confidentiality to the student or employee with AIDS in cooperation with the Ministry of Health and MHO." (Parry Sound, Ontario)

Policy - "The acquired immune deficiency syndrome (AIDS) ... HIV is transmitted through ... In the usual social contact of a school setting, there is no risk of transmission of the virus among children and staff. For example, the virus will not spread among those sharing a desk or chair or using the same drinking fountain or toilet facilty..." (Winnipeg, Manitoba)

Policy - "The policies and operating guidelines attempt to balance the right of the individual to carry on normal activities within the school system with the right of the school system as a whole to protection from dangerous disease." (Sussex, New Brunswick)

Policy - "The School Board believes that AIDS is essentially a medical problem with educational and social implications and that AIDS cannot be eradicated solely through educational means. Even though this is the case, the school Board believes that an educational program for students in conjunction with a sound in-service program for staff regarding both AIDS information and prevention, can assist, in minimizing the negative impact ofAIDS on both students and employees." (Shuswap, British Columbia)

Policy Question

Expected Outcomes/Criteria for Evaluation

Discussion

Samples of Wordings from School Districts

Policy - "The prime responsibility for education on sexual issues, including AIDS eduction, rests with the family. Parents play a vital role in informing their children about this serious health problem. They can assist their children by learning more about AIDS and by discussing their attitudes, family standards and values with their children.
To assist in this task, AIDS education materials ... are to be taught in Junior High Schools as part of the mandatory community Health Unit ..." (Brandon, Manitoba)

Policy Question	Expected Outcomes/Criteria for Evaluation	Discussion	Sample Wording from School Districts
4. How does the school board view its role in promoting changes, policies and programs outside of the school system to support AIDS/HIV education.	Criteria for evaluation this part of the policy might include: •The school district will be recognized by its community as being concerned about the AIDS/HIV issue and, accordingly, will be invited to participate in community initiatives relevant to prevention and education. •The school board will have presented or supported recommendations for policies and programs from government.	Although some school districts define policy solely as those matters within the legal jurisdiction of the school board, it behooves a school district to be seen to be concerned with its community's welfare. Therefore, supporting or adopting positions which promote AIDS education,prevention or treatment services is something a school board should consider.	**Policy** -"The Board recognizes the importance of general public awareness and education with respect to AIDS and supports such initiatives and efforts." (Terrace, British Columbia)
Instruction			
5. Where will the instructional program about AIDS/HIV be placed in the school curriculum? Will it be situated within a Family Life/Sexuality program? Will the Family Life/Sexuality program be within a comprehensive health curriculum?	Criteria for evaluating this part of the policy might include: •The AIDS/HIV program will be integrated fully with other school programs promoting health and responsible decision-making among students. •The program will be placed within a Family Life/Sexuality program which is placed within a comprehensive health curriculum.	Evidence supporting the placement of the AIDS/HIV unit within the context of a Sexuality/Family Life program which, in turn, is within the context of a Comprehensive School Health Program is cited in Section E of this publication.	**Policy** - "Subject to guidelines approved by the Minister of Education, instruction on the transmission and prevention of AIDS shall be included at appropriate grade levels." (Antler River, Manitoba) **Policy** - "The Board, through the office of the superintendent and in cooperation with regional Department of Health Personnel shall put into place an AIDS education program for students, employees and parents ... 3.3 An information program for students shall include all of the students in grade 7 to Level III - the format for this program is outlined below: For All Grade 7 and 8 students Grade 7.....Unit in Grade 7 Health Grade 8.....Unit in Grade 8 Health Options for Other Grades Grade 9.....Unit in Adloescence, Relationships and Sexuality High School.....Unit in Family Living 2200 The school shall make arrangements with Public Health personnel to present information ... to students in the case where such students are not able to avail of the units of instruction in the Adolescence or Family Living Courses." (Deer Lake-St Barbe South, Newfoundland) **Policy** - "The Board believes that the educational process regarding AIDS and HIV should be part of a larger educational project involving Human Sexuality in the Health Curriculum. It is important that all individuals develop a sense of self-worth, an ability to confidently relate to others and then to make sound, responsible decisions. In this way individuals can treat one another with respect.

Policy Question	Expected Outcomes/Criteria for Evaluation	Discussion	Sample Wording from School Districts
			They will be better able to make independent decisions, avoid engaging in behaviours that put them at risk and respond knowledgeably rather than from fear." (Grande Prairie, Alberta) **Procedure** - "Instruction concerning Sexually-Transmitted Diseases/AIDS will be included in: 1. The Grade 8 Christian Family Life/Health Program - Theme V, Unit on STD's. 2. The Grade 9 Christian Family Life/Health Program - Theme V,Unit on STD's. 3. The Religious Studies 15 Program, Community Called Church - Core Unit on Morality. 4. The Religious Studies 35 Program - Sections dealing with Social Relationships and Marriage. 5. Other grade levels and subject areas - as a basis to answer student questions." (Spruce Grove, Alberta)
6. What are the expected learning outcomes and key characteristics of the AIDS/HIV program? What grade levels will be covered? Will the program be mandatory for all students?	Criteria for evaluation of this part of the policy might include: •There will be an increase in student knowledge about AIDS/HIV and ways in which to reduce the risk of contracting the disease. •Student attitudes towards HIV infected persons will be supportive and compassionate. •Student behaviours, as measured by self-reporting questionnaires, will increasingly reduce the risk of contracting the disease through inappropriate sexual behaviour or injection drug use. •The program will be sensitive to community values and will emphasize the role of the family as the primary provider of sexuality education. Extensive consultations with the community will precede the introduction of the program. •The program will be sequential and correlated to the development of the child.		**Policy** - Program Characteristics "1. The development of understanding, responsibility and attitudes of tolerance and compassion will be major tenets of the educational program. 2. The educational program will be handled in a manner consistent with the health curriculum which focusses on self-esteem and a decision-making model. 3. Students will be told that it is the Board's belief that abstinence regarding sexual activity and illicit intravenous drug use is the preferred choice. 4. Students will also be provided with federal and technical informing regarding hygiene, condoms and birth control." (Grande Prairie, Alberta) **Policy** - Program Characteristics "The Board will make every reasonable effort to provide its students with current and medically accurate information and instruction on AIDS. This information will be provided primarily as part of the Religious Education and Health Program and will be presented in the context of the teachings of the Catholic Church." (North Peace, Alberta) **Policy** - Program Characteristics "a) All students in Grades 8,9 and 12 will be formally instructed about the AIDS virus and the prevention of its transmission. c) Empathy toward those who have been unfortunate to have contracted AIDS will be stressed across the curriculum." (Renfrew Co., Ontario)

Policy Question	Expected Outcomes/Criteria for Evaluation	Discussion	Sample Wording from School Districts
	•The program will emphasize responsible decision-making and self-esteem rather than medical information.		**Policy** - "Parental/guardian consent will be required prior to student participation in Sex Education/AIDS programs. Students who do not receive parental consent shall be provided with an alternate program ... District teachers ... shall assure that outside personnel adhere to prescribed curriculum guidelines. Parental/home values shall be respectd." (Lancaster, New Brunswick) **Policy** - Guidelines re: AID programs Catholic schools have a serious obligation to teach about AIDS. The deadly nature of the disease demand the best instruction. At the same time, a complete educational program addresses the moral aspects of its prevention. Guidelines 1. The instruction gives the essential, technical informtion in a clear, direct and respectful way adapted to the development stage of the student. 2. The teacher presents the information in a Catholic ethical context. This incudes the giving of principles and teaching the meaning of interpersonal relationships, family, marriage, prevention and the meaning of sex within this wider context. 3. The teacher makes it clear that the acceptable way to avoid AIDS is to do what one is morally obliged to do in any case; confine sexual activity to monogamous marriage. 4. The teacher takes care to prevent the perceptions that it is ethical to use condoms to avoid AIDS while continuing an immoral activity. 5. At the appropriate grade level, teachers provide the technical information abut the use of condoms or other methods to avoid the disease. The omission of this information, already available to students from other sources would be artifical and seems to involve a meaningless program of trying to prevent information by holding back information which some students have anyway." (Lethbridge Catholic, Alberta)
7. Will the school board introduce special or adapted programs for different types of students? Will learning/teaching opportunities in other subject areas be used as part of an AIDS/HIV program?	Criteria for evaluation of this part of the policy might include: •Programs will be adapted to meet the needs of particular groups of students. •Teachers of subjects related to AIDS/HIV will be encouraged to include approrpirate information in their regular course.		**Policy** - Program for Exempted Students "2. Human sexuality education shall be taught within the normal school day. 3. Parents shall be advised ... of their right to exempt their child from this course component ... 5. Schools will provide alternative learning experiences for students who have been exempted from human sexuality instruction by their parents." (North Peace, Alberta)

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Policy Question	Expected Outcomes/Criteria for Evaluation	Discussion	Sample Wording from School Districts
8. What is the process the school board will use to authorize the use of teaching and learning materials? Will the process be different than the normal authorization process?	Criteria for evaluating this part of the policy might include: •Responsiveness to community values •Accuracy of medical information •Treatment of sensitive issues in a frank and open manner •Use of proper terminology and avoidance of language which stigmatizes any particular group •Age appropriateness.		**Policy** - AIDS Program Materials "6. The Health Advisory Committee (of the Board) will recommend to administration and the Board on selecting appropriate resources, materials and activities - the District may also use approved resources from Alberta Education." (Grande Prairie, Alberta) **Procedure** - "Printed informational materials made available to parents and/or pupils by school personnel are to include only those currently available from the local Health Unit and/or the Provincial/Federal Government Departments responsible for such matters and/or resource materials authorized by Alberta Education." (Camrose, Alberta)
9. Will the school board define its expectations for the training, qualifications and selection of staff or outside resource personnel used to present the program?	Criteria for evaluating this part of the policy might include: •All employees will be generally aware of AIDS/HIV and will know what hygienic precautions should be exercised at all times •School district administrators will be trained in managing a private or inadvertently public disclosure of an HIV infected student or employee •Teachers of the program will be specifically trained in classroom strategies in sexuality and values education. •Health agency personnel will participate in school district professional development activities.	There should be a long term plan for providing awareness professional development programs to all employees.	**Policy** - "All division personnel shall be instructed on the nature, transmission and prevention of the AIDS virus." (Antler River, Manitoba) **Procedure** - "All school personnel who are required to provide such instruction shall be in-serviced as required on the nature, transmission and accepted measures to prevent the transmission of the AIDS virus." (Camrose, Alberta) **Procedure** - Staff Information Program "The Director shall establish an educational/instructional team which should include: a) a representative from the Public Health Unit b) a Board representative to speak on Board policy and procedure c) a Special Assignment Teacher (Consultant) from Educational Services to speak on the Education Program. The team would provide information to all (Board) staff on an annual basis. This information should include: a) Medical update b) Appropriate safety precautions c) (Board) policy and procedures d) The educational program for students The team should be available, in support of school staffs, to respond to requests or concerns from parents and community groups." (Carleton, Ontario)

Policy Question	Expected Outcomes/Criteria for Evaluation	Discussion	Sample Wording from School Districts
			Policy - It is the policy of the Board "1. That education for its students in all matters of sexuality and related issues approved by the Board be taught by members of its teaching staff. 2. That related organizations may be utilized as a resource to our teachers in planning, preparation and delivery of such topics ... the teacher, however, remains responsible for the content and underlying philosophy." (LincolnCo. Roman Catholic, Ontario)
Healthy Environment			
10. Will the school board define specific procedures and hygienic precautions to protect students and employees from HIV infection?	Criteria for evaluating this part of the policy might include: •Consistency with the Ministry of Education guidelines or directives •Coverage of topics such as administering First Aid, disposal of soiled items, use of disinfectants, handling of body fluids, clean-up after unanticipated contact with body fluids, wearing of protective clothing, administering medicines to students, use of plastic gloves, training and implementation schedules, review of procedures for athletes, laboratories and playground, distribution of information to all employees.	This aspect of AIDS/HIV policy and procedure was extensively covered by most policies collected as part of the preparation of this publication. Most statements were procedural in nature and tended not be expressed in terms of expectations of policy-makers.	**Procedure** - "Safety Precautions Re: Blood/Body Fluids 1. Staff and students shall be advised to employ caution when in contact with blood and other body fluids. 2. In the event of an accident, preliminary first aid shall be administered, but as soon as possible thereafter all blood and body fluids shall be carefully washed off with soapy hot water. 3. Individuals with open sores should minimize their exposure and wear rubber gloves if possible. If exposure is inevitable, the procedure in paragraph 1 above should be followed. 4. To clean surfaces soiled by blood, the surface should be washed with a disinfectant solution (Javex 1:10) by a person wearing plastic gloves. Disposable material, such as paper towels, should be used. Mops should be rinsed and disinfected. 5. Blood stained clothing, cloths and other cleaning material should be rinsed out in cold water, using gloves, and then laundered normally. 6. Blood stained disposable articles, including gloves should be placed in a plastic bag, closed with a twist and then placed in the regular garbage." (Carleton Roman Catholic, Ontario) **Policy** - Use of Human Tissue and Body Fluid in Experiments "The use of human tissue and body fluids for scientific experiment will discontinue. Other safe, instructional procedures will be used such as tthe use of prepared slides." (Powell River, British Columbia) **Procedure** - "Any teachers who feel they are placing themselves at risk by handling body fluids should make their concerns known to the District Committee." (Exploits Valley, Newfoundland)

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Policy Question	Expected Outcomes/Criteria for Evaluation	Discussion	Sample Wording for School Districts
			Policy -"The Board shall promote a healthy school environment by: -conformity with detailed public health standards -availability of a health unit or nurse's office on the school premises -availability of trained staff to handle emergincies -appropriate measues regarding cleanliness of the physical plant -promotion of a positive environment for students and staff -safety and accident prevention." (Fredericton, New Brunswick)
11. Will the school board define guidelines for the management of students or employees infected by the HIV virus?	Criteria for evaluating this part of the policy might include: •Clearly defined instructions to administrative staff •Effective communications procedure with the public health officer. •Crisis intervention and communications procedures in event of inadvertent public disclosure •Protection of confidentiality.		**Procedure** - "With respect to public reaction and reaction of other employees to an individual with AIDS, the Superintendent's Office would attempt to ensure that the rights of the individual are appropriately clarified." (Summerland, British Columbia) **Procedure** - "When the S.D. is informed that a student or school employee is infected with HIV, the situation will be dealt with on a case by case basis, to protect the safety and rights of the infected person and the safety and rights of other people in the school and school system. A. Students Infected with HIV 1. Decisions regarding educational placement ... should be based on behaviour, neurologic development, physical condition ... and expected type of interaction with others. 2. A team approach will be used to determine the placement including the Superintendent, physician ... public health personnel and child's parents. 3. Persons informed about an infected child will be on a need to know basis in order to protect confidentiality but also to ensure proper care ... adequate monitoring and the safety of other people. This would include people who work closely with the child on a regular basis. 5. The school system must be in a position to act quickly if informed by the Medical Health Officer that (others) are at risk ...therefore, the Board delegates to the Superintendent the authority to exclude the child from school ... pending a review. B. School Employees Infected with HIV 1. There is no legal or medical basis on which to exclude infected school employees from their work ... if they behave in a responsible manner ... and are able to perform their duties 2. As school authorities are informed ... by self-disclosure or the Medical Health Officer ... the Superintendent will determine, in consultation with the Medical Health Officer, the Board and the individual, on a case by case basis ... if any further action is required ... (this may include a transfer to an alternate position..

Policy Question	Expected Outcomes/Criteria for Evaluation	Discussion	Sample Wording for School Districts

3. Dissemination of information concerning the infected employee shall be on a need to know basis as determined by the Superintendent in consultaion with MHO ..This would normally include people who work closely with the infected employee.
4. The school system must be able to respond quickly if informed by the MHO or other sources that the infected employee is ... endangering other people's health. Therefore, the Board delegates, to the Superintendent, the authority to exclude an employee ... pending a review." (Cypress, Alberta)

Procedure - (HIV infected students)
"4.3 ... alternative instruction may include a variety of arrangements ranging from special instruction within the school to home tutoring ...
4.5 A review of the student's medical condition shall be required every ninety days or whenever a significant change in the students medical condition occurs ... (HIV infected employees)
5.5 The Superintendent, in consultation with appropriate administrators, shall determine who shall be involved in the long term employment planning for the infected employee." (Mystery Lake, Manitoba)

Procedure - "Disclosure
1.1 No staff person, no adult student and no parent ... is required to disclose ...
1.2 All persons in the employ of the Board must maintain strict confidentiality ...
Notes: 1. Need to Know - In general terms, only persons who cannot discharge their duties of the office they hold without the knowledge have a "need to know" when AIDS is present.
2. With respect to the obligation to report to the Board, only the disclosure of non-identifying information will be transmitted to the Board of Trustees.
Reporting
2.1 The principal of a school must report promptly to the Board (Director) and to the MHO, personally, when he/she has reason to suspect the existence of any contagious disease ... (Dufferin-Peel Roman Catholic, Ontario)

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Policy Question	Expected Outcomes/Criteria for Evaluation	Discussion	Sample Wording for School Districts

Procedure - HIV infected employee
"The President/Chairperson of the Association to which the staff member belongs will be informed of the situation by the Superintendent of Personnel immediately when the occurrance is brought to our attention. The President/Chairperson will be informed of the process to be employed and will be invited to participate in the process ... at the discretion of the staff member." (Peel, Ontario)

Procedure - "Where the MHO has informed the Superintendent of Schools that an employee's infection poses a health and safety risk to others or renders him/her unable to perform his/her duties, the Superintendent shall meet with the MHO, the employee and the employee's supervisor, if appropriate, to make the necessary arrangement of employment and benefits, in accordance with the appropriate collective agreement and policy 88-2 of the Canadian Human Rights Commission." (Guysborough Co., Nova Scotia)

Procedure - "No action shall take place unless there is a proper disclosure to school authorities. Disclosues shall be referred to school Principals and the School superintendent ... only the following individuals can be considered proper sources of disclosure:
-the AIDS virus carrier
-the parent or guardian of the AIDS virus carrier." (Labrador West, Newfoundland)

Procedure - HIV infected students
"If the affected student is 18 years or older, parents or guardians willonly be informed with the students consent unless, in the opinion of the MHO, the student is not likely to comply with the directions given by the MHO." (Prince Edward Co., Ontario)

Policy - Preventative Leave of Absence
The (Board recognizes that the law concerning Safety and Security At Work provides for preventative leave of absence when conditions at work threaten an employee who is pregnant." (Quebec City (Catholic) Quebec)

Policy Question	Expected Outcomes/Criteria for Evaluation	Discussion	Sample Wording for School Districts
12. Will the school board communicate with parents, the local media and local community or health agencies to inform them of the AIDS/HIV policy and program?	Criteria for evaluating this part of the policy might include: •Parental awareness, support and involvement in the program •Favourable reports in the media •Support from local community and health agencies.	Although most policies did not specifically address communication with parents about the program, evidence suggests that many school districts did hold meetings for parents when they introduced their AIDS programs. However, it appears that far fewer school districts have communicated directly with the local media about the content of the program. Similarly, only a few policy statements referred to communications procedure in the event of an inadvertent public disclosure of an HIV infection in their jurisdiction.	**Procedure** - "An information distribution plan shold be developed to cover the major concerns (of parents) including: a) the way in which the risk is transmitted and the real dimensions of risk b) the esixting policies and procedures established by the Board." (Lakeshore, Quebec) **Procedure** - "Parents/guardians will be informed of program content in writing each year prior to program deliver." (Lancaster, New Brunswick) **Policy** - "Schools will provide all parents whose students are eligible to take the opportunity, to review and familiarize themselves with the materials. Schools should encourage parents to avail themselves of this opportunity. To this end, schools are encuraged to hold parent meetings." (Brandon, Manitoba)
Health Services			
13. Will the school board authorize school counsellors to provide initial counselling and referral services to students about AIDS/HIV, sexuality and other personal problems?	Criteria for evaluating this part of the policy might include:: •Clear definition of the role expected of such personnel •Clear communication of that role to the personnel concerned..	There appears to be few, if any, samples of specific advice or direction given to personnel such as school counsellors in regards to AIDS and sexuality education.	**Policy** - "(The Board shall provide health services through) -periodic physical examinations -screening and immunization to prevent or control the spread of infectious diseases -planned emergency care for illness and injury -student health counselling -employee health promotion -cooperation with parents and community agencies." (Fredericton, New Brunswick)
14. Will the school board authorize the installation of condom dispensers in its secondary schools? Will it authorize employees to refer students to local health clinics for such information or support services? Will the school board inform students of health clinics which provide anonymous testing for HIV?	Criteria for evaluating this part of the policy might include: •Readily available information on health services for youth in the community Clearly defined communications with the personnel concerned.	Based on reports in the media, it would appear that a few school boards in Canada have approved the use of condom dispensers in secondary schools. Samples of these policies were not available at the time of printing of this publiciation.	**Procedure** - "It is recommended (to the Board) 1. That, on the basis that it will help to prevent the spread of AIDS and other STD's, the Board approve the request of the Medical Officer of Health to install condom vending machines in secondary schools. 2. That the curriculum be reviewed to ensure that appropriate content and resource materials are available to support this initiative. 3. That staff, students and parents be fully involved in this initiative through the "Total School" Apporach in order that ... all become well-informed about the content of the curriculum and reasons for the Board supporting the request of the MOH. 4. That teaching and support staff, students and parents be involved in discussions about implementation matters such as location and number of machines. 5. That ... the MOH be encouraged to make similar requests to other School Boards, to business and commercial concerns, to community, cultural and sports organizations and

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Policy Question	Expected Outcomes/Criteria for Evaluation	Discussion	Sample Wording from School Districts
15. Will the school board direct that a crisis intervention/support team (comprised of school district and health agency staff) be available in the event of an HIV disclosure from an employee or student?	Criteria for evaluating this part of the policy might include: •Adequacy of the response in the event of a private or public disclosure •		to the City ... (Toronto, Ontario) (NB It was unclear at time of printing whether the Toronto School Board had approved the above recommendation.) **Policy -** 7.1 The Board will form and train ... a group of staff, multidisciplinary in composition, who will be called the AIDS Response Team. 7.2 The mandate of the team will be two fold: a) to respond, when asked, in a caring, supportive, Christian manner to the spiritual, psychological and practical needs of the person with AIDS and his/her immediate family. b) to respond, when required to the needs of the community surrounding the person with AIDS ... (Dufferin-Peel Roman Catholic, Ontario)
16. Will the school board establish a formal agreement with the public health officer in respect to procedures and communications?	Criteria for evaluating this part of the policy might include: •Regular communication between managerial as well as professional staff •Clear procedures for communicating with the media re inadvertent public disclosures of HIV infection •Agreement in referral and counselling services.		**Procedure** - "Upon receipt of a report that a pupil/teacher or other school employee has AIDS or HIV, the Medical Health Officer normally contacts the Superintendent of Schools. A meeting shll be arranged with the individual or parents, the physician, Superintendent and Medical Health Officer ... to determine whether the individual;s behaviour and/or duties would pose any risk to pupils, teachers or other school employees. If it is concluded that there is a significant risk ... the Board of School trustees shall be informed and asked to take the necessary steps as per the School Act to exclude the individual." (Summerland, British Columbia) **Policy** - Communications "Communication with the media will be the responsibility of one person. The Director-General (or his delegate) should be the spokesperson for the Board as it is imperative that the information that goes to the public is accurate and consistent." (Laurentian, Quebec) **Procedure** - Response of and to Medical Officer of Health "3.1 It is expected that the MOH will know about the presence of AIDS in any staff member or pupil because of the reporting requirements of the Health Protection and Promotion Act or the Educaiton Act. 3.2 According to (the Health Act), the MOH has considerable responsibility to investigate and act to reduce or eliminate the risk to health. This includes the giving of such orders to the school board, the school, the principal, others within the school system, parents or one or more pupils ... 3.3 Except as to communication of information necessary to carry out duties ...It is not expected that the MOH will confirm to any person within or outside the school system, the presence of AID in any staff person or student. (Duff.-Peel,)

Policy Question	Expected Outcomes/Criteria for Evaluation	Discussion	Sample Wording from School Districts
17. Will the school board establish an Employee Assistance Program to help employees and their families in a time of crisis?	Criteria for evaluating this part of the policy might include: •Employee awareness and use of the service •Capacity of the EAP to respond to AIDS/HIV disclosure •Endorsement by employee groups •Location of the service in accessible, discrete location away from school district operations.		**Procedure** - "1. (A teacher or other staff member shall) refer any questions from the public about whether a student or staff member is infected ... to the Principal, who, in turn shall refer it to the Superintendent ... The Superintendent will inform the Chief Health Officer." (Dept. of Education, Prince Edward Island) **Procedure** - HIV infected Employee "The employee will be placed on a leave for medical reasons until the MHO produces a written certificate stating that the employee's condition no longer poses a risk of contagion in his/her working environment. Such medical leave will qualify the employee for any sick leave compensation to which he/she may be entitled by virtue of his/her employment contract with the Board.." (Nipawin, Saskatchewan) **Policy** - HIV infected employee 372.7 "Recognizing the severe physical and mental problems associated with staff diagnosed as having AIDS, the Board would like to assist those individuals as early as possible to make their long-term work plands. To this end, the Board encourges them to inform (District Supervisory Staff) of their condition and to meet with the AIDS Review Committee to discuss work options open to them. These work options will include but not be limited to things as Extended Health Leave and alternate job placements to reduce stress and thus allow the individual to do everything possible to fight his/her disease." (Quesnel, British Columbia) **Policy** - HIV Infected Employee "7. Where an employee with an AIDS-related illness becomes too sick to work, full access to sick leave, long-term disability and medical benefits will be ensured." (Stormont, Dundas &Glengarry, Ontario) **Policy** - HIV infected employee "In the event that an employee exhausts all of the sick leave benefits to which he/she is entitled, the Board will ensure the continuation of the appropriate financial support. This will be accomplished by negotiating a specific provision with each employee group." (Vancouver, British Columbia)

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Policy Question	Expected Outcomes/Criteria for Evaluation	Discussion	Sample Wording for School Districts
Implementation, Evaluation, Communication of Policy			
18. Will the school board establish a Community Advisory Committee to provide advice on policy and program development, implementation and evaluation?	Criteria for evaluation of this part of the policy might include:: •Degree of support or endorsement of the school district's policy and program by outside groups.	It would appear that many school boards have utilized Community Advisory Committees in the preparation of their Health or Sexuality Education programs. Many school districts called upon those committees for advice regarding programs and materials. Such committees would also be useful in helping the school district stay current with new medical information and materials.	
19. Will the school board establish timetable for implementation of the policy?	Criteria for evaluation of this part of the policy might include: •Timeline re introduction of the institutional program •Timeline for consultation of parents and the community •Schedule for delivery of professional development programs to all employees •Schedule for review of educational materials •Expectations for activities at school level •Timeline for evaluation and reporting to school board	No examples of implementation schedules for policies were found in the preparation for this publication.	

Policy Question	Expected Outcomes/Criteria for Evaluation	Discussion	Sample Wording for School Districts
20. How will the school board evaluate the implementation and effectiveness of this policy? What will be the format and timing of reports to the school board?	Criteria for evaluation of this part of the policy might include: •Formulation of the criteria listed in this chart into measurable, realistic objectives •Stipulation of when an annual report on the implementation of the policy will be made to the school board •Opportunity for input from parents, employees, community health agencies in the annual review •Automatic review of the policy every 3-5 years.	No examples of statements describing evaluation criteria forAIDS/HIV policies were identified in the research done in the preparation of this publication.	**Policy** - Annual Review "This policy and the operating guidelines shall be reviewed annually by a committee of the Board and revised to rflect new medical information and specific directives from the Ministry of Education and the MHO." (Brant County, Ontario) **Policy** - Annual Review "The Steps to Maturity (Health Program) Advisory Committee shall review these policies annually to reflect new medical information as it becomes available." (Nanaimo, British Columbia)
21. How will the school district communicate this policy to parents, students, employees, the community and the media?	Criteria for evaluation of this part of the policy might include: •Immediate communication of the policy subsequent to its adoption •Annual communication of the policy to new parents, employees Annual communication of the policy to relevant health agencies		**Policy** - "8.1 The Board's policy and guidelines regarding AIDS need to be carefully and clearly made known to all constituent groups. This will be accomplished in the following ways: a) the production of a pamphlet for community and staff use b) the use of Response Team members in parent nights, staff meetings, cable TV messages, etc.... c) the regular in-service of principals and other workplace supervisors and all staff, parents and others..." (Dufferin-Peel Roman Catholic, Ontario) **Procedure** - "Within 60 days of the acceptance of this regulation and as needed thereafter, all staff employed by the (Board) will be provided with an informtion leaflet... Information on AIDS in general and (on this policy) shall be provided to administrative staff, including principals ... and to parents through the channels of communication available within the school." (Calgary, Alberta) **Procedure** - "Principals will review, with their school staff, the policy and guidelines regarding HIV. This review will be carried out by the 15th of September of each school year." (Mountain View County, Alberta)

Policy Question	Expected Outcomes/Criteria for Evaluation	Discussion	Sample Wording for School Districts
22. Who, within the school district, will be responsible to the superintendent for the implementation of the policy? Are there any changes required to the job descriptions of different categories of personnel?	Criteria for evaluation of this part of the policy might include: •Stipulation of which department is responsible •Description of the responsibilities of different categories of personnel.		**Procedure** - Program Implementation "The Program Services Centre shall be available as a resource as requested, for Principals to call on for information about AIDS within the Alberta Health curriculum." (Calgary, Alberta) **Policy** - Responsibility of Principal for Implementation "...to address school board policies to the staff of each school (and to) be prepared to hold information sessions for staff if concerns arise which cannot be addressed on anindividual basis." (Western Quebec (Protestant), Quebec) **Policy** - "The Superintendent of Personnel will be responsible for an annual review of these policies and guidelines and reporting these results of the review to the Board. However, where new medical information regarding AIDS virus infection has implications for change in these policies and guidelines, the Superintendent of Personnel will act immediately to initiate review and change." (Halifax County-Bedford, Nova Scotia) **Policy** - "All employees of the (Board) are responsible for adhering to Board policy and guidelines and for being informed about the disease." (Hastings County, Ontario) **Policy** - "Principals and administrative supervisors shall ensure that all employees are advised of and encuraged to practise hygienic practices as recommended by the Occupational Health and Safety Branch." (Wetaskiwin, Saskatchewan) **Policy** - "Each Department/school shall develop and implement precautionary procedures for employees who may be exposed to HIV specific to emergent situations that may arise in their particular circumstance." (Strathcona, Alberta)

C. Concluding Remarks About AIDS/HIV Policies

The preceding list of policy questions should assist a school district in developing its AIDS/HIV policy. However, it may be useful to conclude with a final check on some of the sensitive topics associated with the issue.

How will your school board's policy respond to some of these potential situations:

a) Parents are concerned about the explicitness of the AIDS/HIV curriculum.

B) Teachers are complaining about being uncomfortable teaching about AIDS/HIV

c) An inaccurate newspaper article about the school districts' AIDS/HIV program has been published

d) A local minister, speaking at a board meeting, is complaining about a film being shown to students

e) There is disagreement among board members regarding the need for AIdS/HIV education before the 11th grade

f) A teacher invites a person with AIDS/HIV to speak to his or her high school class

g) The custodian at the high school was overheard telling some students that they shouldn't drink from water fountains because there may be someone with AIDS/HIV in the building.

h) The Home and School Association wants to sponsor an AIDS/HIV education program for parents and wants school personnel to participate.

(Source: Adapted from Leadership for AIDS Education: An In-Service Program for School Board Members (Field Test), National School Boards Association, May 6, 1988)

4. DEVELOPING SCHOOL-COMMUNITY PARTNERSHIPS

A. Some Important Definitions

The word "community" is often used to describe a variety of quite different ideas, concepts or groups of people. In reviewing how one can encourage school-community partnerships in AIDS/HIV education, we should begin with some important definitions.

Defining the "community"

Often when educators refer to the "community", they are talking about the parents of school-age children the employees of the school board and some special interest groups whose primary concerns revolve around the school.

The "community" being referred to in the following discussion refers to all inhabitants, agencies, institutions, employers and other organizations situated within the territory of the school board.

It may also be useful to identify the individuals and organizations within your community that would be directly concerned with AIDS/HIV. That list can be referred to as a contact list.

Finally, in any school-community program in AIDS/HIV education it is important to clearly describe which segments of the community is the target audience for any prevention message.

Community-based vs Community-development Approaches

Once again we should be clear about the meanings of the words we use.

Community development is different than "basing" an organization, agency or institution within a given community.

Community development is a more dynamic, complex process that can be described by the following characteristics:

Elements of the **community development** process

- Enables a defined community to manage and control change on a sustained basis.

- Includes collective and collaborative problem solving by members, leaders and service providers within a community.
- Involves collaboration and coordination among different sectors (public, private and voluntary) of a community
- Creates linkages among sectors, agencies, organizations and levels of government
- Focuses on the meeting of common needs as defined by the community.
- Develops solutions to fit the situation.
- Provides and supports opportunities for participation
- Fosters local leadership
- Emphasizes environmental and social change through collective solutions
- Supports the process through intermediary technical assistance or "enabling systems"

A community development is therefore, a more intensive and complex process than a community-based strategy. The differences are summarized below:

Community-Based and Community Development Approaches

Issue	Community-Based	Community Development
Approaches/orientation	Weakness/Deficient-Solve Problem	Strength/competence capacity building
Definition of Problem	By Agencies, govt. or outside organization	By Target Community
Primary Vehicles for Health Promotion & Change	Education, Improved Services, lifestyle change, food availability media	Building Community and control, increasing community resources and capacity, economic & political change
Role of Professionals	Key, central to decision-making	Resource
Role of participation by target community members and institutions	Providing better services, increasing consumption and support	To increase target community control and ownership, improved social structure
Role of Human Service Agencies & formal helpers	Central mechanism for service delivery	One of many systems activated to respond to the needs of a target community's members
Primary Decision-Makers	Agency representatives, business leaders, government representatives, "Appointed" community leaders	Indigenous elected leaders
View of community	Broad, site of the problem, technically and externally defined, consumers	Specific, targeted, source of solution, internally defined, subjective, a place to live
Target Community control of resources	low	high
Potential for ownership by target community members	low	high

(Reprinted with permission from Michael R.J. Felix, "Enabling Community Development: Language Concepts and Strategies", Presentation sponsored by the Health Promotion Branch, Ontario Ministry of Health, May, 1989.)

inter-Agency Coordination

One of the key elements in the community development process is inter-agency coordination. Developing effective relationships between health, education and social service agencies can be problematic. Each organization has a different set of directions, different priorities and even a different language about similar problems.

There are a number of factors which should be carefully considered as planners and proponents of inter-agency coordination overcome key conceptual and linguistic barriers to effective coordination. Some of those include:

- **Partial perspectives of the child** (eg. educator sees a "drop-out", social worker sees a dysfunctional family, police see a drug abuser, employment counsellors see an unemployed person) **could be overcome by agreeing and sharing operational goals, definitions, mandates and procedures.**
- **Differing priorities** among the agencies can be negotiated by discussions and **joint planning among senior managers.**
- Communication barriers caused by **differing language or terminology** can be overcome by conscious efforts to simplify meanings and **avoiding jargon or acronyms.**
- Communication barriers caused by **withholding information** can be overcome by sustained efforts to meet often, **communicate regularly** and to share all data.
- **Agency indifference** to coordination can be avoided **by involving senior managers** as well as professionals in the process. Inter-agency coordination which involves only volunteer, selected or appointed officials will be sporadic.
- **Lack of personnel recognition and rewards for inter-agency coordination** (as opposed to rewards for winning more funds, more services and programs for their agency) can be solved **by establishing alternative reward systems.**
- **Difficulties in meetings** among agencies can be resolved **by appointing a neutral chairperson.**
- **Competition about control of agendas** can be solved by **encouraging interdependence** within the coalition through sub-committees involving all agencies.
- **Inter-group jealousy** can be lessened **by conscious efforts to share the credit** in activities such as joint press conferences, publications and allowing different agencies to play lead roles on different issues.

Types of Inter-Agency Linkages

Linkages	Examples
1. Fiscal	
a. Joint budgeting	Organizations decide jointly how their funds, or other funds are to be made available by others, will be used.
b. Joint funding	Several organizations agree to jointly fund a project.
c. Fund transfer	One organization transfers its funds to another which uses them in a jointly approved program.
d. Purchase of services	One organization contracts to provide services that are paid for by another organization.
2. Personnel Practices	
a. Consolidated personnel administration	The same administrators supervise the activities and personnel in two or more units formerly supervised by others.
b. Joint use of staff	One staff provides services for more than one organization.
c. Staff transfers	Staff from one organization moves to another to allow them to work on a project.
d. Staff out-stationing	Organizations place some of their staff closer to the client or where the coordinated work is to be done.
e. Co-location	Staffs from two or more organizations are located in the same facilities.
3. Planning and Programming	
a. Joint development of policies	Administrators from several organizations jointly agree on policies for clients.

b. Joint planning	Administrators from several organizations jointly select programs and services.
c. Joint programming	Administrators jointly develop program content and delivery of program content to clients.
d. Information-sharing	Informal discussions, exchanges of newsletters, open houses, etc. held to provide information to other organizations.
e. Joint evaluation	Personnel from several organizations work togethe to jointly evaluate services provided.
4. Administrative Support Services	
a. Record-keeping	Relevant records on clients and services are maintained by staff in one location and made availa to participating organizations.
b. Grants-management	Activities funded through grants and records of fund allocations supervised and maintained by staff in one location for all of the participating organizations.
c. Central support	Services needed by all of the organizations such as typing, printing and accounting are provided by some staff members for all of the organizations. Each organization may contribute funds to pay for the services provided.

(Reprinted with permission form Creating Coordination Among Organizations, Extension Services of Illinois, Indiana, Iowa, Kansas, Missouri, Nebraska, North Dakota, Ohio, South Dakota and Wisconsin, October, 1987)

Other Barriers to Inter-Agency Coordination include:

Barriers	**Examples**
1. Threat to autonomy	Members fear that coordination will reduce freedom to make decisions and run their programs.

2. Professional staff fears	Professionals fear loss of freedom. They may be committed to different ways of working with clients.
3. Client representatives	Fear that these persons will try to dominate the organizations that serve the clients.
4. Disagreement among resource providers	Persons or groups providing resources disagree about client needs and services to be provided.
5. Multiple local governments and many private and public organizations	Coordination is complicated if too many organizations are involved.
6. Lack of "domain status"	Disagreements among the organizations regarding the right of one or more organization to be involved. Disagreements about which organizations should: 1) function in which geographical areas; 2) provide which services; 3) to which clients.
7. Different expectations from federal, state and local levels	Different expectations exist with regard to which clients should be served and which services should be provided.
8. Coordination is a low priority	Participating organizations don't really think that coordination is needed.
9. Costs and benefits are uncertain	Staffs in organizations think the costs of coordinating will be too high or that program costs will be too high.
10. Resources not available	An organization would like to participate but doesn't have resources to use in the coordinated effort.

A Continuum for School-Community Partnerships

Inter-organizational cooperation can occur in a variety of ways. It may be useful to review those ways as part of any planning for school-community partnerships in AIDS/HIV education. It may also be useful for a school district to assess where their partnerships with other agencies lie on the continuum and to determine if that situation is satisfactory.

COOPERATION AMONG ORGANIZATIONS

Communications	Cooperation	Coordination	Collaboration
- ensures regular timely communications between organizations	- assistance among organizations on an ad-hoc basis	- ensuring that organizations take each other's activities into account on a consistent basis	- organizations working together jointly and constructively on a particular project or specific goal

Independence Among Organizations ——— Merger Among Organizations

value of resources required increases with degree of cooperation

formal commitment of time increases with degree of cooperation

goal specificity increases with degree of cooperation

benefits and risks increase with degree of cooperation

Inter-organizational relations can be be conceived as a continuum, with one pole represented by complete organizational independence and the other by a merger of the organizations.

B. Community Development Strategies and Skills

1. Assessing Your Community

A careful assessment of the local community can enable the school district to establish effective school-community partnerships as well as assist the district in planning its school-based program and activities.

The material which follow in this section of the booklet has been included to help you in making that assessment.

Assessing Community Needs, Environment and Resources

A critical step in developing an HIV education program is to assess the community's needs and resources. The process below is based on materials in the Administrator's Guide to Teaching About AIDS, one of a series of publications on HIV education published by the National Safety Council.

1) **Attitudes and mores of the community**. Talk to drug counsellors, parents, teachers, news media respresentatives, clergy and others for a variety of perspectives on HIV and AIDS information needs.

2) **Community data.** Examine voter surveys and Census data for information on the community's socio-economic status, values and ethnic groups.

3) **HIV and related behavioural indicators.** How many cases of AIDS have been diagnosed? How many and what percentage of teenagers are estimated to use drugs or to be sexually active? What are the rates of pregnancy and STD's among teenagers?

4) **Community teaching resources**. Where might students go for information about HIV? Are there substance abuse programs or health services that need to know what the schools are teaching so information can be consistent, supportive and complementary?

5) **Health Care Resources**. Are health professionals or other experts available to provide information on HIV prevention and AIDS and to help in designing the program?

6) **School Resources**. Is there a K-12 planned and sequential comprehensive program of school health education in place or planned? Who is qualified to

teach about HIV? What level of skills do they have for teaching about health education or about sexuality and drug abuse? How much in-service will they require in those areas? How do teachers traditionally receive in-service education, and can those methods be used for an HIV program? Are human sexuality classes already provided? What funding is available for in-service and for purchasing materials? Will funding be available beyond the initial period of program implementation?

7) **Legal issues.** Do parents have the right to move their children from classes they find objectionable? Does the province/territory have guidelines or criteria for developing curriculum, selecting materials, or preparing teachers? Who is responsible for reviewing materials before they are purchased or used in the schools?

8) **Possible support, opposition.** What sources of both support and opposition to an HIV education program are present in the community? How can they assist in responding to concerns and building more support?

9) **Curricula available**. Review them, based on your assessment of the community.

Using a Community Resource Inventory to Plan and to Measure Change in AIDS/HIV Education

Community Resource Inventories (CRI) have often been used in the planning of public health programs. A CRI consists of a survey of major organizations within a community to determine the extent to which that organization is participating in health promotion activities which reduce the risk of disease. The survey includes education, health and social service agencies as well as organizations such as employers, unions, service clubs, religious organizations, community groups.

A CRI can also be used as a cost effective measurement tool for evaluating the impact of AIDS/HIV education and prevention programs. By simply measuring a control community as well as the community which is the recipient of the AIDS/HIV prevention program, data can be gathered which would indicate the degree to which that program has had an impact.

The steps in doing a CRI are fairly straightforward:

- First, the size and type of organization to be surveyed should be determined. For example, all organizations of more than 100 members that seemed to be capable of being mobilized for AIDS/HIV education could be surveyed. Small organizations could be included if their role is clearly related to health or AIDS/HIV.

- Secondly, community directories and corporate publications can be used to obtain names and addresses.
- Third, the information to be collected in the survey should be determined. Such information could include background information about the organization, type of AIDS/HIV education activities, nature of those activities, interests and plans in future activities and networks related to AIDS/HIV to which the organization belongs or subscribes.

The Social Reconnaissance Process

An extensive process which can be used by local communities has been developed by Rutgers University and the H.J. Kaiser Family Foundation and is entitled The Social Reconnaissance Process. The Health Promotion Branch of the Ministry of Health of Ontario has been using this process recently and might be contacted for further information.

Elements of the Social Reconnaissance Process include:

- "Town Meetings" - at which individual and collective concerns are raised with public officials.
- Community Forums - on particular issues.
- Preparing a Briefing Book - which includes a map of the territory; history of the community; demographic data; economic and employment data; information on special populations; an inventory of hospitals and health care institutions; descriptions of agencies and institutions; health data on the local population; local newspaper clippings on the AIDS/HIV issue; listing of educational institutions and programs; listing of relevant community organizations and voluntary health agencies, programs and procedures of major employers; relevant foundations.
- A Resource Inventory of health, education and social services
- A listing of current and potential partnerships among agencies and organizations in the community
- Description of current professional in-service and public education programs about AIDS/HIV in the community.

Using Focus Groups to Determine the Right Questions

Charles E. Basch, in his article, "Focus Group Interviews: An Underutilized Technique for Improving Theory and Practice on Health Education", provides both a theoretical framework and examples of practical applications of this assessment process. School districts might consider this technique for a variety of issues including AIDS/HIV education.

In AIDS/HIV education, focus groups can be used to test the appropriateness of prevention messages as well as educational materials.

A Focus Group can be used to establish data about feelings and opinions of small groups about a given problem, experience, service, message or other phenomena. Input obtained is not intended to reflect how strongly these feelings or opinions are held. The results are not generalizable to larger groups but may provide the right questions for further consultation or research.

The features of such focus group interviews include:

- The moderator plays a critical role (almost becoming the research instrument) in creating a supportive environment, facilitating interaction, interjecting with probing questions, transitional dialogue and reflecting back on what participants have said. Often the moderator plays a key role in interpreting the results.
- A prepared outline for discussion which is both specific and flexible needs also to have careful consideration of each item in that outline.
- The issues or purposes which form the focus of the groups should be clear at the outset of the group session. Otherwise, confusion or conflict may occur.
- The physical setting and psychological climate are important factors. The groups is usually audio-taped using high quality equipment. The moderator must establish a supportive, positive climate.
- Members of the focus group should be recruited from the target population. Examples include people who comprise a certain socio-economic status, people who suffer from the same disease, contrasting groups. (eg. Those who use seat belts and those who don't).
- If threatening or difficult topics are to be considered by the group, then other items in the agenda should be used to establish a safe, supportive climate.
- The process to analyze the results should be carefully planned; a full transcript is recommended with careful notation of concepts, key words, illustrative sentiments.

(Source: Adapted with permission from Charles E. Basch, Focus Group Interview: An Under-utilized Research Technique for Improving Theory and Practice in Health Education, Health Education Quarterly, Vol. 14, Winter 1987, John Wiley & Sons Inc.)

2. Establishing A Community Advisory Committee

One of the self-evident steps towards developing effective school-community partnerships is to establish a Community Advisory Committee for the school district on AIdS/HIV or Family Life Education. It is recommended that school boards consider such committees to advise and assist in the introduction of AIDS/HIV and Family Life policies and programs. Their role can include:

- Advising the school district on the introduction of the provincial/territorial program (or how the present local program can be modified)
- Defining appropriate goals for a Family Life/AIDS program or assisting the school district in reviewing the appropriateness of the provincial/territorial program as part of the evaluation of that program.
- Reviewing the materials to be used in the program (in regards to their acceptability within the community) and so advising the school board.
- Acting as a reference to the school district on the sensitive issues (in some cases the committee could become a kind of a "buffer" between the school district and the community on these issues, allowing time for reflection and compromise)
- Identifying local resources in the community
- Helping to inform the community about the program
- Assisting the school district in reviewing proposals for alternative or supplementary teaching/learning materials
- Helping in the evaluation of the provincial/territorial program and assist in an annual evaluation process.

It is also recommended that a clear distinction be maintained between topics such as appropriate goals, criteria for evaluation and community values, and other topics such as scope and sequence within the program, and appropriateness of teaching/learning materials. The advisory committee has a role on the former, not the latter, which is properly the domain of education professionals.

Planning for your Committee

1. Decide on the specific mandate for your advisory committee. Write it down and have it approved by your school board.

2. Identify an immediate, practical target or objective (achievable within 6-10 weeks of the start of the committee). This could include: a review of the provincial program; organizing a community information evening; organizing a workshop for the community; or building an inventory of community resources.

3. Decide which members of the committee should be met individually prior to the first meeting. Assess what role or contribution is appropriate for each member of the committee.

4. Recruit your committee members from the sectors of the community you wish to involve in the introduction of the program. For each group or individual, assess what information, influence and resources they can bring to the committee. Be careful about alienating any group by inviting a "competitor" to participate. Use informal contacts to build a list of potential members of your committee.

5. Use the idea of a committee which will focus some practical short-term objectives as an argument to attract members to your committee. (Most people are reluctant to serve on committees which may last "forever")

6. In the event that there is an organization which must be included on the committee, assess the members of that organization for potential members of the committee. Suggests that person's name informally when inviting that organization to participate. However, it is not advisable to insist on your choice; after all, it is their representative.

7. Identify how the following common "pitfalls" can be avoided in your advisory committee

- power struggles in which the competing philosophies, organizational patterns and self-interests result in disruptive behaviour within the committee
- poor leadership in which the selection of the chairperson has not been done well and the group loses its focus or momentum
- unequally shared responsibility and workload in which a few individuals do all of the tasks resulting in burn-out, low morale and lack of commitment from the involved members
- poor planning in areas such as recruitment to the committee, development of a statement of project goals, delineation of long-term and short-term objectives, and evaluation of progress
- a lack of common language among professionals can compound the problem of power struggles.
- high membership turnover is often caused by the heavy commitments of participants. This can be alleviated by scheduling meetings well in advance at convenient times such as lunch hours, keeping meetings brief, etc.

- challenged credibility often accompanies the creation of a new network; therefore, the initial steps of the project need to be planned so as to secure the respect of professionals, institutions and community organizations.
- inadequate funding of projects needs to be overcome through specific efforts to raise funds and by keeping initial projects within a feasible range of secured resources.

3. Introducing a Sexuality Education Program for Parents

As part of its AIDS/HIV school-community partnership, a school district may decide to offer or encourage a sexuality education program for parents. This can be done through a school district continuing education department or in cooperation with local voluntary health or social service agencies.

In the U.S. there are over 120 such sexuality education programs offered in a variety of ways. Research suggests that programs for parents result in an increase in parent-child communication, which in turn leads to a reduction in irresponsible adolescent sexual activity and in unintended pregnancies.

The following outline provides an overview of potential problems and steps which can be taken to overcome potential problems in introducing AIDS/sexuality programs. Community groups such as Planned Parenthood or Home and School/Parent Teacher Federations could assist or sponsor such programs in cooperation with the school district.

Program Implementation: Problems and Strategies

Potential Problems

Problems can develop if an agency implements a sexuality education program without addressing the following:

- Fear of perceived community opposition
- Lack of sufficient training for group leaders
- Lack of administrative support
- Lack of support from health, education, and religious professionals
- Misconceptions about sex education
- Lack of adequate funds

Strategies and Issues to Consider

To avoid potential problems, an agency should consider several critical issues as it takes steps to develop a sexuality education program for parents:

1) Developing Agency Support

- Articulate clear goals and objectives to baord members and staff.
- Analyze potential pitfalls and provide suggestions to agency administrators.
- Provide a detailed accounting of anticipated expenses.

2) Assessing Community Need

- Find out what is already being provided and what is lacking.
- Canvass parents informally about their interest in participating in a program

3) Setting Goals

- Determine goals based on needs of the audience and the agency's available resources.
- Consider the following goals:
  Increasing awareness of need for parent/child communication.
  Increasing knowledge of facts about sexuality.
  Helping with values clarification and expression of values.
  Developing communication and problem-solving skills.

4) Selecting Leaders

- Choose someone with knowledge of sexuality, comfort with the topic, and an understanding of parents' needs.
- Use a male/female leadership team to encourage fathers to participate.
- Keep in mind religious, racial, and ethnic composition of the group.

5) Designing the Program

- Have content reflect community philosophy and values as well as ages of participants' children.
- Incorporate a varied format of teaching concepts, including, for example, large group discussions, films, and activities.

- Develop group cohesion and a relaxed atmosphere that is conducive to comfortable discussion.
- Build in periodic breaks and time for reflection and discussion after activities.
- Incorporate evaluation into the program design.

6) Determine Group Composition

- Decide whether to offer programs to parents alone or parents and their children together.
- Consider limiting age range of children, if they are included, so parents will have similar issues to discuss.

7) Recruiting Participants

- Involve parents, teens, and community leaders in the planning of the course.
- Offer the sexuality education program to a group that already meets regularly.
- Ask parents to recruit other parents.
- Schedule programs at times convenient to parents in terms of work, dinner and babysitting.
- Offer child care during the class.
- Make the first class sufficiently interesting to motivate parents to attend the remaining sessions.

8) Selecting the Site for the Program

- Select a setting that is convenient and comfortable
- Make room flexible to allow for course format (i.e. filsm, small group discussion, lecture, etc.)
- Decide whether to offer refreshments; they are optional but nice.
- Prepare materials and/or audio-visual equipment before class.

9) Evaluating the Program

- Monitor attendance.
- Establish systematic "feedback" through:
  1) questionnaires designed to assess different features of the course

2) informal discussions with participants
3) "pre-tests" and "post-tests" to determine knowledge gain
4) follow-up letters/phone calls to assess long-term effects.

(Source: Adapted with permission from Involving Parents in Sexuality Education Programs: The Role of Agencies Serving Youth, Center for Population Options, Washington, DC.)

4. School Health Services: A Problem and an Innovative Approach

One of the most difficult aspects of the role of the school in dealing with health and social issues is the provision of appropriate health services at the school site.

Returning to the Comprehensive School Health model, it is relatively simple for a school district to provide **Instruction** about health issues and to create a **Healthy Environment** supportive of those instructional goals. However, school districts are not equipped, nor adequately funded, to provide the necessary **Health and Social Services**. Unfortunately, other agencies may not be funded adequately or may not see it as part of their mandate to provide such services.

School districts should exercise two options to help resolve this dilemma.

First, they should advocate for children by urging governments and agencies to provide such services. The need for such services should be carefully documented and constructive suggestions developed. Public advocacy should be part of school district activities in this regard.

Second, school districts should seek to establish partnerships with health and social service agencies to provide such services at the school site or in nearby health clinics.

Schools have traditionally been the site for the delivery of basic health services such as vision testing, basic health screening and other such activities. However, the advent of high-profile, urgent health problems such as AIDS or child sexual abuse have put the issue into a sharper, more visible focus.

These trends suggest that a school-community partnership can help to alleviate certain urgent health issues for youth as well as be the base for long-term campaigns to secure adequate funding for such services.

In AIDS/HIV education, school health services should be provided within the context of other services related to sexuality and family planning. In the U.S., for example, there is a growing trend towards using the school as the site to provide comprehensive health services such as:

- providing primary care
- presenting or dispensing medications
- providing family planning services and counselling to adolescents on problems related to sexuality, drug abuse, nutrition and weight control.

These school-based clinics are staffed by medical personnel and are simply situated within the school.

The advantages for students are:

- Increased accessibility for youth to the service
- Increased youth familiarity with the available services
- Use of adolescents as support staff in the clinics
- Consolidation of youth services
- Better integration of institutional and health service goals and personnel
- Research evidence suggests that the presence of such clinics can greatly increase the effectiveness of sexuality programs in reducing teen pregnancy rates.

(Source: Adapted with permission from Zanga J.R., Oda D.S.: "School Health Services", Journal of School Health, Vol. 57, No. 10, December 1987, pp. 413-426. Copyright, 1987, and Kirby D., "Comprehensive School-Health Clinics:A Growing Movement to Improve Adolescent Health and Reduce Teen-Age Pregnancy," Journal of School Health, Vol. 56, No. 7, September 1986, pp. 289-291. Copyright, 1986. American School Health Association, P.O. Box 708, Kent, OH, 44240. Reprinted with permission.)

5. Working with Community Coalitions

Using the technique of coalition building is a key strategy for developing a school-community partnership in AIDS/HIV education. Although, it is more appropriate for public health agencies or community agencies to be the leadership organization for such coalitions, it is important that school district employees participate in such groups effectively. School districts should encourage their employees to develop coalition building skills such as the following:

- Recognizing and promoting the factors or issues which have brought the coalition (or potential coalition together)
- Understanding the nature of the coalition (eg. short term in response to a crisis, or in order to do a joint project; long-term in order to promote a common goal, or in order to share resources)
- Understanding the need for immediate and long-term, concrete "pay-offs" for participants in the coalition.
- Being able to clearly articulate the purposes of the coalition in areas such as mission statement, criteria for membership, how groups will be represented within the coalition, the degree of authority the decisions of the coalition will have on member organizations, the leadership roles to be played by members of the coalition, the procedures to select leaders from within the coalition, the scheduling of meetings, the ground rules for agenda building and decision-making, how work will be delegated within the coalition, how financial resources will be managed and how accountability will be maintained.
- Being able to distribute responsibilities and roles within the coalition in a way that supports the further development of the coalition
- Being able to identify and use different leadership styles for different meeting purposes
- Identifying the variety of options for cooperative community actions
- Being able to develop partnerships among governments, institutions or agencies, professional associations and community organizations
- Being able to use problem solving and goal setting processes
- Being able to develop a strategic plan for the coalition.

(Adapted with permission from: M.R.J. Felix et al, Enabling Community Development: Community Coalitions and Problem-Solving, Presentation sponsored by the Health Promotion Branch, Ontario, Ministry of Health, May 30-June 1, 1989)

6. Encouraging Citizen Participation and Voluntary Association

School districts can enable a community to develop its resources in AIDS/HIV education by encouraging citizen participation and voluntary associations.

The purpose of such an activity is to create a lasting resource within the community that can promote AIDS/HIV programs and facilitate community cooperation on the issue of citizen involvement in public decision-making.

School districts, along with other public institutions and agencies, can support or enable the development of voluntary associations and citizen involvement in AIDS/HIV education.

Such public agencies can support such community development by:

- Being flexible in regards to the content of various projects and initiatives. Support should not only be given for activities which best meet the needs of the public agencies.
- Providing sustained support for voluntary associations through training, on-going workshops, technical assistance, or donations of "in-kind" services or equipment.
- Being oriented towards practical applications accessible to the individuals within the community
- Being results-oriented so that recognition can be given to projects and individuals
- Taking into account the developmental phases of the individual or organization proposing a project or activity
- Promoting self assessment of strengths and weakness by individual or organizations proposing projects, or activities
- Being readily available to provide advice and feedback
- Promoting resource-sharing and networking
- Actively monitoring the development of the voluntary association to ensure that it is doing outreach to other sectors of the community.
- Fostering the use of local resources
- Encouraging innovation and adaptation by encouraging the voluntary association to act as "incubators" of new ideas

- Having clear policies and procedures to handle conflicts within the community or voluntary association.

(Source: Adapted from D.M Chavis, Planning and Building an Infrastructure for Community Development, Rutgers University.)

7. Using Public Awareness Campaigns

It is not likely that school districts will be directly involved in the management of public awareness campaigns about AIDS/HIV. However, it is possible that school district representatives will become involved in a community advisory committee charged with the responsibility of planning a public awareness program.

The following background information has been provided to assist school district administrators in assessing the validity and effect of such campaigns.

If an inappropriate, "one-time" awareness campaign is being planned for AIDS/HIV in your community, it may be in the interest of the school board to intervene so that the resources can be used elsewhere.

The Role of Public Awareness Campaigns in Health Promotions

The following is a summary of an article prepared by Colin Mangham of the Alcohol-Drug Education Service in Vancouver. The analysis is directly applicable to AIDS/HIV public awareness programs.

Public awareness campaigns have long been a major strategy used in health promotion. Such campaigns are characterized by their use of the mass media such as radio, television and newspapers. **Public education campaigns** include awareness or media programming but also include school-based programs, workplace programs, conferences, workshops, pamphlets, brochures and posters.

There are four main theories underlying the use of public awareness campaigns.

Cognitive Dissonance	Suggests that behaviour change occurs when two or more elements in a persons perceptions are in disharmony - eg. A person smokes but is told that it is harmful and therefore changes his/her behaviour.
Social Learning Theory	Suggests that behaviour is learned from our social milieu and the reinforcement we receive for certain behaviours - eg. Seat belt

	legislation and accompanying social pressures "rewarded" the use of seatbelts and created new, positive attitudes about their use.
Diffusion of Innovations	Suggests that the general population will follow "innovators" in a predictable pattern. Therefore, if one can change the behaviour of the "opinion leaders" one can change the behaviour of tne general population.
Social Innovation	Suggests that the target population is given all the arguments for an undesirable behaviour and then is given ways to refute those arguments. Sometimes the target population is given the opportunity to practice these "resistance skills".

Elements of each of these theories are frequently used in public awareness campaigns. For example, a drug awareness program can set up cognitive dissonance, use modelling of resistance behaviour and then use opinion leaders to spread the message in local communities.

Considerations in Devising Campaigns

Several considerations should be taken into account when developing public awareness campaigns so as to avoid problems and to maximize the spread of the desired message.

1. Be aware of the limitations of public awareness campaigns. This is discussed more in the next section. One overriding characteristic of public awareness campaigns is that when used alone, they do not significantly change behaviour. They are more useful in bringing an issue to the attention of the public and sparking further dialogue which may lead to further efforts.

2. Use multiple channels. Effectiveness of the message of the campaign in being remembered by the target population is enhanced when several media are used - eg. TV spots, pamphlets, posters, radio spots, news articles, etc.

3. Be aware of audience selectivity. Selectivity means the choice made by the individuals in the target group to attend to, or not to attend to the message. Certain qualities are known about audience selectivity in health messages. For example, drinkers are more likely than non-drinkers to listen to messages about drinking. Ironically, however, non-smokers are more likely to listen to messages about smoking than are smokers. Persons already contemplating a behaviour are more likely to listen than those not doing so.

Persons are more likely to listen if the message is relevant to their needs and values. Teens, for example, react more positively to messages helping them to become more socially adept, to have better self-esteem, more independence, and to look and feel better.

Prevention messages as a general rule are listened to more than are messages urging individuals to stop behaviour in which they are already engaging. This issue is particularly more important because campaigns can actually cause the issue the high risk population to form counter arguments and to further cement their position.

4. Use multiple exposures. A campaign needs to be long enough in duration to repeatedly expose the target population to the desired message. Advertisers say it takes at least three exposures to an ad to begin to shift consumer behaviour. It is likely that many more exposures than this are needed to begin to stimulate health-related behaviours.

The Effectiveness of Public Awareness Campaigns

Public awareness campaigns alone seldom, if ever, have a significant impact on behaviour. However, if well designed, such campaigns can:

- bring attention to the issue at hand
- bring individuals to the point of asking for help
- advertise programs available in local communities

When used in concert with public education, public awareness campaigns have been shown to have a significant and lasting impact on health behaviours.

The best examples relate to cardiovascular health:

- The Stanford Heart Disease Prevention Project (Farquar et al, 1977) which demonstrated significant reductions in cardiovascular disease.
- The North Karelia Project (McAlister et al, 1982) in which a population in Finland which had the highest incidence of cardiovascular disease in the world achieved a 38% reduction in strokes and a 16% reduction in heart attacks among men through public awareness, education, nutrition workshops, cooking classes and legislation requiring food establishments to offer low-fat alternatives.

Therefore, it is possible to conclude that public awareness campaigns can play the following roles, successfully:

1. **Stimulate public dialogue on health subjects.**
Campaigns can heighten public and political interest in the issue in order to increase community interest and involvement in the issue.

2. **Persuade the public to contemplate change.**
By increasing public awareness, support from the public can be generated to education or intervention programs.

3. **Advertise resources and programs available to the community.**
Media campaigns are perhaps the most cost effective way to increase public knowledge of such services.

4. **Present or model positive behaviours to target populations.**
By presenting positive role models, public awareness campaigns can help to overcome negative influences coming from other sources in society.

In summary, public awareness campaigns should be seen as a "plow tilling and preparing the soil". Education and intervention programs can "sow the seed" and "nourish its growth" by providing the knowledge, skills and ownership of the problem among specifically targeted populations.

(Adapted with permision from the author Colin Mangham, The Role of Public Awareness Campaigns in Health Promotion, Alcohol and Drugs Program, Ministry of Labour and Consumer Services, Government of British Columbia, 1989)